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CliftonLarsonAllen LLP
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NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2021

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20___

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879TE for the latest information.**

OMB No. 1545-0047

2021

Name of filer NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

EIN or SSN 13-4234305

Name and title of officer or person subject to tax AMANDA CAREY PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶	[X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	8,909,191.
2a	**Form 990-EZ** check here ▶	[ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶	[ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶	[ ]	b **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ▶	[ ]	b **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ▶	[ ]	b **Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ▶	[ ]	b **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ▶	[ ]	b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ▶	[ ]	b **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ▶	[ ]	b **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize CLIFTONLARSONALLEN LLP (**ERO firm name**) to enter my PIN 55902 (**Enter five numbers, but do not enter all zeros**)

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ DocuSigned by: Amanda Carey 4BB36D92A5D44A... Date ▶ 10/25/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68601455902 (**Do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ JENNA BERTUCCELLI Date ▶ 10/20/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA **For Privacy act and Paperwork Reduction Act Notice, see instructions.**

Form **8879-TE** (2021)

102521 01-11-22

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Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

FOR YOUR RECORDS
DO NOT FILE

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION	Taxpayer identification number (TIN) 13-4234305
	Number, street, and room or suite no. If a P.O. box, see instructions. 21 ORINDA WAY, SUITE C-368	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORINDA, CA 94563	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ LAUREN HAUGHEY 21 ORINDA WAY, SUITE C-368 - ORINDA, CA 94563

Telephone No. ▶ 510-524-5464 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2021 or
▶ ☐ tax year beginning _____ , and ending _____ .

FOR YOUR RECORDS
DO NOT FILE

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

123841 01-12-22

15181020 131839 205-779023 2021.04030 NATIONAL INTERSCHOLASTIC 205-7791

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EXTENDED TO NOVEMBER 15, 2022

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: [X] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization
NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
21 ORINDA WAY, SUITE C-368

City or town, state or province, country, and ZIP or foreign postal code
ORINDA, CA 94563

F Name and address of principal officer: AMANDA CAREY
SAME AS C ABOVE

D Employer identification number
13-4234305

E Telephone number
510-524-5464

G Gross receipts $ 9,096,418.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number ▶ 6023

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( )◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.NATIONALMTB.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2004 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION (NICA) IS THE NATIONAL GOVERNING BODY FOR

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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	83
6	Total number of volunteers (estimate if necessary)	6	9395
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,722,904.	3,835,988.
	9	Program service revenue (Part VIII, line 2g)	1,777,181.	4,995,577.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,139.	8,098.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,695.	69,528.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,597,919.	8,909,191.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,377.	212,512.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,775,385.	4,025,745.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 717,684.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,183,218.	3,619,701.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,015,980.	7,857,958.
	19	Revenue less expenses. Subtract line 18 from line 12	581,939.	1,051,233.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,447,587.	6,195,789.
	21	Total liabilities (Part X, line 26)	1,063,607.	760,576.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,383,980.	5,435,213.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ IRS e-file Signature — Signature of officer — Date 10/25/22

▶ AMANDA CAREY, PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JENNA BERTUCCELLI	JENNA BERTUCCELLI	10/20/22		P01534744

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 915 HIGHLAND POINTE DR., SUITE 300 ROSEVILLE, CA 95678 — Phone no. (916) 784-7800

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ..... [X]

1 Briefly describe the organization's mission:
THE NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION (NICA) IS THE NATIONAL GOVERNING BODY FOR INTERSCHOLASTIC CYCLING, AND PROVIDES LEADERSHIP, GOVERNANCE AND PROGRAM SUPPORT TO PROMOTE THE DEVELOPMENT OF LEAGUES THROUGHOUT THE USA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 6,260,661. including grants of $ 212,512.) (Revenue $ 5,060,330.)
NICA CONTINUED TO EXPAND AND DEVELOP ITS ROLE AS THE NATIONAL GOVERNING BODY FOR INTERSCHOLASTIC MOUNTAIN BIKING, ADVENTURE AND COACH LICENSING PROGRAMS USING MATERIALS AND METHODS DEVELOPED SINCE 2003. NICA OPERATED ASSOCIATED LEAGUES IN NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, UTAH, TENNESSEE, TEXAS, NEW YORK, ARIZONA, ALABAMA, VIRGINIA, IDAHO, PENNSYLVANIA, NEVADA, ARKANSAS, NEW JERSEY, NORTH CAROLINA, OREGON, MARYLAND, WEST VIRGINIA, MONTANA, INDIANA, SOUTH CAROLINA, WISCONSIN, FLORIDA, MISSOURI, OHIO, KANSAS, NEBRASKA, AND KENTUCKY AND WITH DEVELOPMENT STAGE LEAGUES FOR FUTURE YEARS WITH FORMATIVE STRATEGIES IN OTHER STATES. LEAGUE MATERIALS AND METHODS ARE REFINED EACH YEAR, IN ORDER THAT WE CREATE THE NATIONAL STANDARD OF BEST PRACTICE IN THE AREAS OF SAFETY, SUPERVISION, ADVENTURE, AND YOUTH

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 6,260,661.

SEE SCHEDULE O FOR CONTINUATION(S)

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 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 or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
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 through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	224		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 83			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" 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 ..... [X]

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	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
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:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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

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?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

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 ▶

LAUREN HAUGHEY - 510-524-5464

21 ORINDA WAY, SUITE C-368, ORINDA, CA 94563

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEVE MATOUS	49.00									
PRESIDENT	1.00			X				137,280.	0.	11,331.
(2) LAUREN HAUGHEY	40.00									
VP FINANCE & ADMINISTRATION				X				120,561.	0.	10,830.
(3) KRISTINE URRUTIA	40.00									
VP DEVELOPMENT				X				115,316.	0.	10,672.
(4) AMANDA CAREY	40.00									
VP PROGRAMS				X				107,844.	0.	10,448.
(5) MIKE KUHN	1.00									
BOARD MEMBER		X						76,200.	0.	2,286.
(6) SUSAN HELM-MURTAGH	5.00									
CHAIRMAN		X		X				0.	0.	0.
(7) ROBERT BURNS	1.00									
VICE-CHAIR		X		X				0.	0.	0.
(8) TIM ROGERS	1.00									
TREASURER		X		X				0.	0.	0.
(9) DR. FRANCINE C. LUCE	1.00									
SECRETARY		X		X				0.	0.	0.
(10) SCOTT CHAPIN	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) ERIC RUSSELL	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) LINDSAY KRIETE	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) KIMO SEYMOUR	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) LISA SHER	1.00									
BOARD MEMBER		X						0.	0.	0.
(15) IMELDA MARCH	1.00									
BOARD MEMBER		X						0.	0.	0.
(16) JERRY POMIJE	1.00									
BOARD MEMBER		X						0.	0.	0.
(17) ROBERT SAFFELL	1.00									
BOARD MEMBER		X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Subtotal ▶								557,201.	0.	45,567.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								557,201.	0.	45,567.

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 ▶ 4

		Yes	No
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*	3		X
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*	4		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*	5		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 NONE	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	165,135.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	512,248.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,158,605.				
	g Noncash contributions included in lines 1a-1f	1g	$ 160,425.				
	h **Total.** Add lines 1a-1f ▶			3,835,988.			
			Business Code				
Program Service Revenue	2 a REGISTRATION REVENUE		711300	4,995,577.	4,995,577.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			4,995,577.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			135.			135.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real / (ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	7,963.				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	7,963.				
	d Net gain or (loss) ▶			7,963.			7,963.
	8 a Gross income from fundraising events (not including $ 165,135. of contributions reported on line 1c). See Part IV, line 18	8a	11,400.				
	b Less: direct expenses	8b	48,909.				
	c Net income or (loss) from fundraising events ▶			-37,509.			-37,509.
	9 a Gross income from gaming activities. See Part IV, line 19	9a	43,966.				
	b Less: direct expenses	9b	1,682.				
	c Net income or (loss) from gaming activities ▶			42,284.			42,284.
	10 a Gross sales of inventory, less returns and allowances	10a	201,389.				
	b Less: cost of goods sold	10b	136,636.				
	c Net income or (loss) from sales of inventory ▶			64,753.	64,753.		
			Business Code				
Miscellaneous Revenue	11 a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total revenue.** See instructions ▶			8,909,191.	5,060,330.	0.	12,873.

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,002.	22,002.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	190,510.	190,510.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	602,768.	440,021.	60,277.	102,470.
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	2,894,812.	2,113,212.	289,482.	492,118.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,377.	34,586.	4,737.	8,054.
9 Other employee benefits	192,495.	140,522.	19,250.	32,723.
10 Payroll taxes	288,293.	210,454.	28,829.	49,010.
11 Fees for services (nonemployees):				
a Management				
b Legal	54,448.	53,359.	1,089.	
c Accounting	14,261.		14,261.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	153,269.	121,082.	12,262.	19,925.
12 Advertising and promotion				
13 Office expenses	63,278.	22,780.	37,967.	2,531.
14 Information technology				
15 Royalties				
16 Occupancy	90,341.	70,466.	9,034.	10,841.
17 Travel	2,461.	2,461.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,827.	82,827.		
23 Insurance	450,606.	446,100.	4,506.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	2,145,653.	1,999,173.	146,480.	
b MISCELLANEOUS EXPENSES	178,663.		178,663.	
c PROGRAM OUTREACH	165,993.	165,993.		
d IN-KIND GOODS	144,000.	144,000.		
e All other expenses	73,901.	1,113.	72,776.	12.
25 **Total functional expenses.** Add lines 1 through 24e	7,857,958.	6,260,661.	879,613.	717,684.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		933,273.	1	940,969.
	2	Savings and temporary cash investments		4,068,347.	2	4,636,084.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		103,614.	4	211,521.
	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	
	6	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		140,094.	8	115,708.
	9	Prepaid expenses and deferred charges		77.	9	16,890.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 797,835.			
	b	Less: accumulated depreciation	10b 523,218.	202,182.	10c	274,617.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		5,447,587.	16	6,195,789.
Liabilities	17	Accounts payable and accrued expenses		251,962.	17	458,682.
	18	Grants payable			18	
	19	Deferred revenue		1,503.	19	4,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	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		810,142.	25	297,894.
	26	**Total liabilities.** Add lines 17 through 25		1,063,607.	26	760,576.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		4,318,054.	27	5,328,932.
	28	Net assets with donor restrictions		65,926.	28	106,281.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		4,383,980.	32	5,435,213.
	33	Total liabilities and net assets/fund balances		5,447,587.	33	6,195,789.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,909,191.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,857,958.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,051,233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,383,980.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,435,213.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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 separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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 on Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Employer identification number 13-4234305

Part I 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).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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: _____

10 ☒ 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 organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on 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.**

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

e ☐ 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 organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 organization ▶ ☐

b **10% -facts-and-circumstances test - 2020.** 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 organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1919524.	2624263.	2888453.	1722904.	3835988.	12991132.
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	2654002.	3534301.	3387822.	1821263.	5060330.	16457718.
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	4573526.	6158564.	6276275.	3544167.	8896318.	29448850.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		767,058.	595,463.	774,232.	862,135.	2998888.
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					308,461.	308,461.
c Add lines 7a and 7b		767,058.	595,463.	774,232.	1170596.	3307349.
8 **Public support.** (Subtract line 7c from line 6.)						26141501.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	4573526.	6158564.	6276275.	3544167.	8896318.	29448850.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	180.	180.	896.	89.	135.	1,480.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	180.	180.	896.	89.	135.	1,480.
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.)	51.	104.				155.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	4573757.	6158848.	6277171.	3544256.	8896453.	29450485.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	88.76 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	91.01 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	.01 %
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	.01 %

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
4a	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.*	4a		
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.*	4b		
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.*	4c		
5a	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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
7	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).*	7		
8	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).*	8		
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.**	9a		
b	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.**	9b		
c	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.**	9c		
10a	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 line 10b below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		
c	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**		

Section 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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section 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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details 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 organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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Part VI **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 A — Payments from Disqualified Persons Included on Part III, Line 7a — 2021

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
JERRY POMIJE CEO OF QUALITY BIKE PRODUCT	0.	0.	53,300.	87,900.	15,000.
ROBERT BURNS - ATTORNEY AT TREK BIK	0.	0.	490,332.	467,443.	707,135.
ERIC RUSSELL - VP OF SALES AT CLIF BAR &	0.	0.	9,009.	83,889.	40,000.
MATT ADAMS - PARTIAL OWNER AND CEO OF "MI	0.	0.	12,822.	0.	0.
JOE FLOREN - LARGE DONOR (VIA SCHWAB D	0.	0.	20,000.	15,000.	0.
JAKE MORITZ - LARGE DONOR (VIA KELNSON F	0.	0.	10,000.	120,000.	100,000.
PRIOR YEAR DP	0.	767,058.	0.	0.	0.
Total to Schedule A, Part III, Line 7a		767,058.	595,463.	774,232.	862,135.

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Schedule A Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b 2021

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
SRAM	0.	0.	0.	0.	95,991.
WALTON FAMILY FOUNDATION	0.	0.	0.	0.	210,435.
SHERWOOD FOUNDATION	0.	0.	0.	0.	2,035.
Total to Schedule A, Part III, Line 7b					308,461.

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Schedule A — Identification of Excess Support Payments Included on Part III, Line 7b, column (e) — 2021

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2021	2021 Excess Payments
SRAM	184,956.	95,991.
WALTON FAMILY FOUNDATION	299,400.	210,435.
SHERWOOD FOUNDATION	91,000.	2,035.

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Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization	**Employer identification number**
NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION	13-4234305

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA **For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.**

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Name of organization
NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Employer identification number
13-4234305

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1UP 1005 COMMERCIAL DRIVE DICKEYVILLE, WI 53808	$ 26,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	AARON KERSON 154 NW 59TH ST SEATTLE, WA 98107	$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	ACCESS 4 BIKES FOUNDATION PO BOX 33 WOODACRE, CA 94973	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	AMERICAN ENDOWMENT FOUNDATION GEOFFREY A. MORGAN 5700 DARROW ROAD SUITE 118 HUDSON, OH 44236	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	AVIMORE DEVELOPMENT, LLC 18454 N MCLEOD WAY BOISE, ID 83714	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	BE GOOD FOUNDATION PO BOX 7241 KETCHUM, ID 83714	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JUSTIN BINDER 5324 MASONIC AVE. OAKLAND, CA 94618	$ 5,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	BLUE CROSS BLUE SHIELD MONTANA/ HEALTH CARE SERVICE CORPORATION PO BOX 7344 CHICAGO, IL 60680	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	BLUE CROSS BLUE SHIELD OF KANSAS 1133 SW TOPEKA BLVD TOPEKA, KS 66629	$ 67,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	BORAH TEAMWEAR 150 JACK BERG LANE COON VALLEY, WI 54623	$ 12,450.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
11	BOSCH 27211 BURBANK FOOTHILL RANCH, CA 92610	$ 10,500.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
12	BOZEMAN HEALTH 915 HIGHLAND BLVD BOZEMAN, MT 59715	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BRUCE A KRAMER 220 WEST CENTRAL AVE MISSOULA, MT 59801	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	CANYON 5600 AVENIDA ENCINAS, SUITE 180 CARLSBAD, CA 92008	$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	CHRISTENSEN FAMILY FOUNDATION 801 AMERICAN ST SAN CARLOS, CA 94070	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	CLIF FAMILY FOUNDATION 1451 66TH STREET EMERYVILLE, CA 94608	$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	CLUB APPAREL, LLC 1 WEST CARBONATE HAILEY, ID 83333	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	CONTINENTAL TIRE THE AMERICAS LLC 1830 MACMILLAN PARK DRIVE FORT MILL, SC 29707	$ 39,880.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DEPARTMENT OF CONSERVATIONS AND NATURAL RESOURCES PO BOX 8767 HARRISBURG, PA 17105	$ 67,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	ERIC SALETEL 208 GITTINGS AVE BALTIMORE, MD 21212	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	EXPERIENCE COLUMBIA SC SPORTS 1010 LINCOLN STREET COLUMBIA, SC 29201	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	FEEDBACK SPORTS PO BOX 1278 GOLDEN, CO 80402	$ 9,955.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
23	FIDELITY CHARITABLE DAF PO BOX 77001 CINCINNATI, OH 45277	$ 129,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	FOX FACTORY, INC 2055 SUGARLOAF CIRCLE 3RD FLOOR DULUTH, GA 30097	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	FOX HEAD INC 16752 ARMSTRONG AVE IRVINE, CA 92606	$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	HEATHER GALLOWAY 14150 NEWBROOK DR SUITE 110 CHANTILLY, VA 20151	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	ANDREA GILOMER SCHWARTZ 4100 FOREST PARK AVE APT 319 SAINT LOUIS, MO 63108	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	GIRO (BELL SPORTS) PO BOX 6004 RANTOUL, IL 61866	$ 24,779.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	GU ENERGY LABS 1609 4TH STREET BERKELEY, CA 94710	$ 58,388.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
30	HEADLAND VENTURES 55 LEVARONI CT NOVATO, CA 94949	$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	CHRISTOPHER HECHT 165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN, PA 19046	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	MARCO HELLMAN 16 W CLAY ST SAN FRANCISCO, CA 94121	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	HUNTINGDON COUNTY VISITORS BUREAU 6993 SEVEN POINTS ROAD SUITE 2 HESSTON, PA 16647	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	IDAHO CENTRAL CREDIT UNION PO BOX 2469 POCATELLO, ID 83206	$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	KELSON FOUNDATION 1660 BUSH STREET SUITE 300 SAN FRANCISCO, CA 94109	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	KERRI MILESKI 17100 CENTAUR STATION DR WILDWOOD, MO 63040	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MARIN BIKES 1450 TECHNOLOGY LANE, SUITE 100 PETALUMA, CA 94554	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	MAXXIS 545 OLD PEACHTREE ROAD SUWANEE, GA 30024	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	MEDICAL TRANSPORTATION MANAGEMENT 16 HAWK RIDGE DR. LAKE ST. LOUIS, MO 63367	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	NELSON AND GALBREATH, LLC 1707 JOHN B WHITE SR BLVD SUITE A-2 SPARTANBURG, SC 29301	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	OUTRIDE 15130 CONCORD CIRCLE MORGAN HILL, CA 95037	$ 33,853.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	OVERSTOCK FITNESS AND CYCLING LLC 11519 SHIELBYVILLE ROAD LOUISVILLE, KY 40243	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	OWENHOUSE ACE HARDWARE PO BOX 1187 BOZEMAN, MT 59771	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	PEOPLE FOR BIKES P.O. BOX 2359 BOULDER, CO 80306	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	PHAT TIRE BIKE SHOP 125 W CENTRAL AVE BENTONVILLE, AR 72712	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	PISCITELLO LAW 234 DELANCEY STREET PHILADELPHIA, PA 19106	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	PLANET BIKE 2402 VONDRON ROAD MADISON, WI 53718	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48	PODIUMWEAR 2408 W TERRITORIAL RD ST PAUL, MN 55114	$ 58,577.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	QUALITY BICYCLE PRODUCTS, INC. 6400 WEST 105TH STREET BLOOMINGTON, MN 55438	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50	REI P.O. BOX 1938 SUMNER, WA 98390	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51	ROCK HILL/YORK COUNTY CONVENTION AND VISITORS BUREAU 130 E MAIN ST ROCK HILL, SC 29730	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52	RON AND STACY GUTFLEISCH FOUNDATION 298 SCARBOROUGH RD BRIARCLIFF MANOR, NY 10510	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53	SANTA CRUZ BICYCLES 2841 MISSION STREET SANTA CRUZ, CA 95060	$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54	SCHWAB CHARITABLE 211 MAIN ST SAN FRANCISCO, CA 94105	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	SCOTT SPORTS ROUTE DU CROCHET 11, CH-1762 GIVISIEZ, SWITZERLAND	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56	SHE SENDS RACING LLC 313 GOODHILL ROAD KENTFIELD, CA 94904	$ 12,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57	SHERWOOD FOUNDATION 808 CONAGRA DR STE 200 OMAHA, NE 68102	$ 91,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58	SHIMANO ONE HOLLAND IRVINE, CA 92618	$ 87,405.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
59	SIERRA NEVADA HS CYLCING ORGANIZATION 117 BALLAST WAY FOLSOM, CA 95630	$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60	SKYPARK BIKE PARK PO BOX 369 SKYFOREST, CA 92365	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	LISA SMITH 125 BAYVIEW DRIVE MILL VALLEY, CA 94941	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62	SPECIALIZED BICYCLE COMPONENTS INC 15130 CONCORD CIRCLE MORGAN HILL, CA 95037	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63	SQUIRT USA INC 2403 RIVERSIDE PKWY GRAND JUNCTION, CO 81505	$ 15,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64	SRAM 980 ELKTON DRIVE COLORADO SPRINGS, CO 80907	$ 184,956.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
65	ST LUKES HOSPITAL 190 E BANOCK ST BOISE, ID 83712	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66	STANS NO TUBES 202 SANIEL ZENKER DR BIG FLATS, NY 14814	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	STRIKE VISUALS 1040 NORTH 950 WEST, SUITE 500 CENTERVILLE, UT 84014	$ 20,783.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
68	SUMMER SIZZLER MTB RACE INC 573 HIGH STREET WOODBURY, NJ 08096	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69	THE TINA AND RICHARD V CAROLAN FOUNDATION 3 CROWNVIEW LN BERNARDSVILLE, NJ 07924	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70	THE BIKE RACK 14510 EAGLE RUN DR OMAHA, NE 68116	$ 6,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
71	TREK BIKES 801 WEST MADISON STREET WATERLOO, WI 53594	$ 707,135.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
72	USAC 210 USA CYCLING POINT SUITE 100 COLORADO SPRINGS, CO 80919	$ 26,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	VA CRANE RENTAL INC 8454 WELLINGTON ROAD MANASSAS, VA 20109	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74	VELOCIRAX 914 JACKSON LANE ALPINE, UT 84004-2007	$ 16,375.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
75	JULIA VIOLICH 156 S RIDGEWOOD ROAD KENTFIELD, CA 94904	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76	WALTON FAMILY FOUNDATION PO BOX 2030 BENTONVILLE, AR 72712	$ 299,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77	WILDERNESS TRAIL BIKES 465 MILLER AVE MILL VALLEY, CA 94941	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78	WORLDWIDE CYCLERY 3225 GRANDE VISTA DR NEWBURY PARK, CA 91320	$ 19,866.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	YAKIMA PRODUCTS INC 4101 KRUSE WAY LAKE OSWEGO, OR 97035	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW. WASHINGTON, DC 20416	$ 512,248.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	CLOTHING	$ 2,450.	12/31/21
11	EQUIPMENT	$ 10,500.	12/31/21
18	EQUIPMENT	$ 2,380.	12/31/21
22	EQUIPMENT	$ 3,955.	12/31/21
29	FOOD	$ 8,388.	12/31/21
48	CLOTHING	$ 53,577.	12/31/21

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
58	EQUIPMENT	$ 10,388.	12/31/21
64	EQUIPMENT	$ 14,956.	12/31/21
67	EQUIPMENT	$ 20,783.	12/31/21
70	EQUIPMENT	$ 6,000.	12/31/21
71	EQUIPMENT	$ 17,953.	12/31/21
74	EQUIPMENT	$ 4,375.	12/31/21

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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Employer identification number 13-4234305

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets 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	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		797,835.	523,218.	274,617.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				274,617.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

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) LOAN PAYABLE	297,894.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	297,894.

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 ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,982,859.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	73,668.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	73,668.
3	Subtract line **2e** from line **1**			3	8,909,191.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,909,191.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	7,931,626.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	73,668.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	73,668.
3	Subtract line **2e** from line **1**			3	7,857,958.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	7,857,958.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE ASSOCIATION TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE ASSOCIATION. THE ASSOCIATION HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAS MEASURED THE ASSOCIATION'S EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE ASSOCIATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED (FOUR YEARS FOR CALIFORNIA). ANY INTEREST

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Part XIII Supplemental Information *(continued)*

OR PENALTIES ASSESSED TO THE ASSOCIATION WOULD BE RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Employer identification number: 13-4234305

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ..... ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2021

132081 10-21-21

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SPECIAL EVENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	176,535.			176,535.
	2 Less: Contributions	165,135.			165,135.
	3 Gross income (line 1 minus line 2)	11,400.			11,400.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,000.			6,000.
	7 Food and beverages	22,458.			22,458.
	8 Entertainment				
	9 Other direct expenses	20,451.			20,451.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				48,909.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-37,509.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			43,966.	43,966.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			1,682.	1,682.
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				1,682.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				42,284.

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Employer identification number 13-4234305

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **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.

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, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UTAH HIGH SCHOOL MTB LEAGUE 758 S. AUTO MALL DRIVE UNIT #3 AMERICAN FORK, UT 84003	47-3565347	501(C)(3)	11,750.	0.			GRANT FOR PROGRAMS TO EXPAND FEMALE PARTICIPATION & GENERAL OPERATING
MINNESOTA INTERSCHOLASTIC CYCLING LEAGUE - 1036 CREEKVIEW LANE - BELLE PLAINE, MN 56011	81-3402698	501(C)(3)	10,250.	0.			GRANT FOR PROGRAMS TO EXPAND FEMALE PARTICIPATION & GENERAL OPERATING

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

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

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

Schedule I (Form 990) 2021

132101 10-26-21

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	1153	190,510.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. GRANT REPORTING: GRANT RECIPIENTS ARE REQUIRED TO COMPLETE AN ONLINE "IMPACT SURVEY" UPON COMPLETION OF THE RIDING SEASON FOR WHICH THEY RECEIVED THEIR GRANT. GRANT RECIPIENTS ARE ALSO ENCOURAGED TO SUBMIT PHOTOGRAPHS AND VIDEOS FROM THEIR ACTIVITIES DURING THE SEASON INCLUDING; RACING, TRAINING WITH THE TEAM, COACHING AND INSTRUCTION, ETC. INFORMATION ON HOW TO COMPLETE THIS SURVEY WILL BE PROVIDED TO GRANTEES.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Employer identification number: 13-4234305

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		59,747.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	3	9,388.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EQUIPMENT)	X	11	91,290.	FMV
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) 2021**

132141 11-17-21

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS MADE.

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SCHEDULE O (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Employer identification number: 13-4234305

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERSCHOLASTIC CYCLING, AND PROVIDES LEADERSHIP, GOVERNANCE AND PROGRAM SUPPORT TO PROMOTE THE DEVELOPMENT OF LEAGUES THROUGHOUT THE USA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CYCLING DEVELOPMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT COPY OF FORM 990 IS CIRCULATED FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

NO DIRECTOR MAY VOTE UPON A MATTER COMING BEFORE THAT BODY IN WHICH HE OR SHE HAS A DIRECT FINANCIAL INTEREST. IMMEDIATELY UPON BECOMING AWARE THAT SUCH A CONFLICT MAY EXIST, A BOARD MEMBER MUST DISCLOSE THE EXISTENCE OF THE POTENTIAL CONFLICT TO THE REMAINING DIRECTORS, WITHDRAW FROM FURTHER DELIBERATION ON THE ISSUE, AND REFRAIN FROM VOTING ON THE MATTER. ANY SUCH DISCLOSURE AND WITHDRAWAL SHALL BE FULLY DOCUMENTED IN THE ORGANIZATION MINUTES. IN ADDITION, DIRECTORS AND OFFICERS OF THE CORPORATION MUST COMPLY WITH THE CORPORATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

DocuSign Envelope ID: FBCA1F90-F0A1-4FDF-8644-8885D906A1DA

Name of the organization NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Employer identification number 13-4234305

AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

022
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2021**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

Identifying number: 13-4234305

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	9,096,418
2	Total gross income (Form 199, line 8)	2	8,959,782
3	Total expenses and disbursements (Form 199, line 9)	3	7,908,549

Part II Settle Your Account Electronically for Taxable Year 2021

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number **7** Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here DocuSigned by: Amanda Carey 4BB56D32A8D9470... Signature of officer | Date 10/25/2022 | Title PRESIDENT

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature	JENNA BERTUCCELLI	Date 10/20/22	Check if also paid preparer [X]	Check if self-employed ☐	ERO's PTIN P01534744
Firm's name (or yours if self-employed) and address	CLIFTONLARSONALLEN LLP 915 HIGHLAND POINTE DR., SUITE 300 ROSEVILLE, CA				Firm's FEIN 41-0746749 ZIP code 95678

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature		Date	Check if self-employed ☐	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address				Firm's FEIN ZIP code

FTB 8453-EO 2021

129021 12-29-21

15181020 131839 205-779023 2021.04030 NATIONAL INTERSCHOLASTIC 205-7791

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TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

128941 12-29-21
FORM **199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name: NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

California corporation number: 2650143

Additional information. See instructions.

FEIN: 13-4234305

Street address (suite or room): 21 ORINDA WAY, SUITE C-368

PMB no.

City: ORINDA

State: CA

ZIP code: 94563

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ..... [ ] Yes [X] No

B Amended return ..... ● [ ] Yes [X] No

C IRC Section 4947(a)(1) trust ..... [ ] Yes [X] No

D Final information return?
● [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____

E Check accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other

F Federal return filed? (1) ● [ ] 990T (2) ● [ ] 990PF (3) ● [ ] Sch H (990)
(4) [X] Other 990 series

G Is this a group filing? See instructions ..... ● [ ] Yes [X] No

H Is this organization in a group exemption ..... [ ] Yes [X] No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... ● [ ] Yes [X] No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ..... ● [ ] Yes [X] No

K Is the organization exempt under R&TC Section 23701g? ● [ ] Yes [X] No
If "Yes," enter the gross receipts from nonmember sources $ _____

L Is the organization a limited liability company? ..... ● [ ] Yes [X] No

M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● [ ] Yes [X] No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● [ ] Yes [X] No

O Is federal Form 1023/1024 pending? ..... [ ] Yes [X] No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	5,260,430 00
	2	Gross dues and assessments from members and affiliates			2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1			3	3,835,988 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 3 **This line must be completed.** If the result is less than $50,000, see General Information B			4	9,096,418 00
	5	Cost of goods sold STMT 2	5	136,636 00		
	6	Cost or other basis, and sales expenses of assets sold	6	00		
	7	Total costs. Add line 5 and line 6			7	136,636 00
	8	Total gross income. Subtract line 7 from line 4			8	8,959,782 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18			9	7,908,549 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	1,051,233 00
Filing Fee	11	Total payments			11	00
	12	Use tax. See General Information K			12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	00
	15	Penalties and interest. See General Information J			15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result			16	00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ California e-file Signature | Title: PRESIDENT | Date: 10/25/22 | ● Telephone: 510-524-5464

Paid Preparer's Use Only

Preparer's signature ▶ JENNA BERTUCCELLI | Date: 10/20/22 | Check if self-employed ▶ [ ] | ● PTIN: P01534744

Firm's name (or yours, if self-employed) and address ▶ CLIFTONLARSONALLEN LLP
915 HIGHLAND POINTE DR., SUITE 300
ROSEVILLE, CA 95678

● Firm's FEIN: 41-0746749

● Telephone: (916) 784-7800

May the FTB discuss this return with the preparer shown above? See instructions ..... ● [X] Yes [ ] No

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Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

128951 01-19-22

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2		00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		00
	7	Other income	7		00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9		00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees	11	0	00
	12	Other salaries and wages	12		00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other expenses and disbursements	17		00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18		00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash				
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets				
b Less accumulated depreciation	( )		( )	
11 Land				
12 Other assets				
13 **Total assets**				
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 **Total liabilities and net worth**				

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books		7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5			

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CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
1UP	1005 COMMERCIAL DRIVE DICKEYVILLE, WI 53808		26,000.
AARON KERSON	154 NW 59TH ST SEATTLE, WA 98107		8,500.
ACCESS 4 BIKES FOUNDATION	PO BOX 33 WOODACRE, CA 94973		5,000.
AMERICAN ENDOWMENT FOUNDATION GEOFFREY A. MORGAN	5700 DARROW ROAD SUITE 118 HUDSON, OH 44236		10,000.
AVIMORE DEVELOPMENT, LLC	18454 N MCLEOD WAY BOISE, ID 83714		5,000.
BE GOOD FOUNDATION	PO BOX 7241 KETCHUM, ID 83714		30,000.
JUSTIN BINDER	5324 MASONIC AVE. OAKLAND, CA 94618		5,025.
BLUE CROSS BLUE SHIELD MONTANA/ HEALTH CARE SERVICE CORPORATION	PO BOX 7344 CHICAGO, IL 60680		10,000.
BLUE CROSS BLUE SHIELD OF KANSAS	1133 SW TOPEKA BLVD TOPEKA, KS 66629		67,100.
BORAH TEAMWEAR	150 JACK BERG LANE COON VALLEY, WI 54623	12/31/21	10,000.
BOZEMAN HEALTH	915 HIGHLAND BLVD BOZEMAN, MT 59715		5,000.
BRUCE A KRAMER	220 WEST CENTRAL AVE MISSOULA, MT 59801		5,000.
CANYON	5600 AVENIDA ENCINAS, SUITE 180 CARLSBAD, CA 92008		22,000.
CHRISTENSEN FAMILY FOUNDATION	801 AMERICAN ST SAN CARLOS, CA 94070		20,000.

CLIF FAMILY FOUNDATION	1451 66TH STREET EMERYVILLE, CA 94608		40,000.
CLUB APPAREL, LLC	1 WEST CARBONATE HAILEY, ID 83333		5,000.
CONTINENTAL TIRE THE AMERICAS LLC	1830 MACMILLAN PARK DRIVE FORT MILL, SC 29707	12/31/21	37,500.
DEPARTMENT OF CONSERVATIONS AND NATURAL RESOURCES	PO BOX 8767 HARRISBURG, PA 17105		67,500.
ERIC SALETEL	208 GITTINGS AVE BALTIMORE, MD 21212		5,000.
EXPERIENCE COLUMBIA SC SPORTS	1010 LINCOLN STREET COLUMBIA, SC 29201		5,000.
FEEDBACK SPORTS	PO BOX 1278 GOLDEN, CO 80402	12/31/21	6,000.
FIDELITY CHARITABLE DAF	PO BOX 77001 CINCINNATI, OH 45277		129,400.
FOX FACTORY, INC	2055 SUGARLOAF CIRCLE 3RD FLOOR DULUTH, GA 30097		10,000.
FOX HEAD INC	16752 ARMSTRONG AVE IRVINE, CA 92606		40,000.
HEATHER GALLOWAY	14150 NEWBROOK DR SUITE 110 CHANTILLY, VA 20151		10,000.
ANDREA GILOMER SCHWARTZ	4100 FOREST PARK AVE APT 319 SAINT LOUIS, MO 63108		5,000.
GIRO (BELL SPORTS)	PO BOX 6004 RANTOUL, IL 61866		24,779.
GU ENERGY LABS	1609 4TH STREET BERKELEY, CA 94710	12/31/21	50,000.
HEADLAND VENTURES	55 LEVARONI CT NOVATO, CA 94949		11,000.
CHRISTOPHER HECHT	165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN, PA 19046		5,000.
MARCO HELLMAN	16 W CLAY ST SAN FRANCISCO, CA 94121		5,000.
HUNTINGDON COUNTY VISITORS BUREAU	6993 SEVEN POINTS ROAD SUITE 2 HESSTON, PA 16647		5,000.
IDAHO CENTRAL CREDIT UNION	PO BOX 2469 POCATELLO, ID 83206		18,000.
KELSON FOUNDATION	1660 BUSH STREET SUITE 300 SAN FRANCISCO, CA 94109		100,000.
KERRI MILESKI	17100 CENTAUR STATION DR WILDWOOD, MO 63040		5,000.
MARIN BIKES	1450 TECHNOLOGY LANE, SUITE 100 PETALUMA, CA 94554		15,000.
MAXXIS	545 OLD PEACHTREE ROAD SUWANEE, GA 30024		30,000.
MEDICAL TRANSPORTATION MANAGEMENT	16 HAWK RIDGE DR. LAKE ST. LOUIS, MO 63367		10,000.
NELSON AND GALBREATH, LLC	1707 JOHN B WHITE SR BLVD SUITE A-2 SPARTANBURG, SC 29301		5,000.
OUTRIDE	15130 CONCORD CIRCLE MORGAN HILL, CA 95037		33,853.
OVERSTOCK FITNESS AND CYCLING LLC	11519 SHIELBYVILLE ROAD LOUISVILLE, KY 40243		5,000.

OWENHOUSE ACE HARDWARE	PO BOX 1187 BOZEMAN, MT 59771		5,000.
PEOPLE FOR BIKES	P.O. BOX 2359 BOULDER, CO 80306		15,000.
PHAT TIRE BIKE SHOP	125 W CENTRAL AVE BENTONVILLE, AR 72712		10,000.
PISCITELLO LAW	234 DELANCEY STREET PHILADELPHIA, PA 19106		5,000.
PLANET BIKE	2402 VONDRON ROAD MADISON, WI 53718		5,000.
PODIUMWEAR	2408 W TERRITORIAL RD ST PAUL, MN 55114	12/31/21	5,000.
QUALITY BICYCLE PRODUCTS, INC.	6400 WEST 105TH STREET BLOOMINGTON, MN 55438		15,000.
REI	P.O. BOX 1938 SUMNER, WA 98390		25,000.
ROCK HILL/YORK COUNTY CONVENTION AND VISITORS BUREAU	130 E MAIN ST ROCK HILL, SC 29730		5,000.
RON AND STACY GUTFLEISCH FOUNDATION	298 SCARBOROUGH RD BRIARCLIFF MANOR, NY 10510		10,000.
SANTA CRUZ BICYCLES	2841 MISSION STREET SANTA CRUZ, CA 95060		11,000.
SCHWAB CHARITABLE	211 MAIN ST SAN FRANCISCO, CA 94105		10,000.
SCOTT SPORTS	ROUTE DU CROCHET 11, CH-1762, GIVISIEZ, SWITZERLAND		10,000.
SHE SENDS RACING LLC	313 GOODHILL ROAD KENTFIELD, CA 94904		12,250.
SHERWOOD FOUNDATION	808 CONAGRA DR STE 200 OMAHA, NE 68102		91,000.
SHIMANO	ONE HOLLAND IRVINE, CA 92618	12/31/21	77,017.
SIERRA NEVADA HS CYLCING ORGANIZATION	117 BALLAST WAY FOLSOM, CA 95630		18,000.
SKYPARK BIKE PARK	PO BOX 369 SKYFOREST, CA 92365		15,000.
LISA SMITH	125 BAYVIEW DRIVE MILL VALLEY, CA 94941		5,500.
SPECIALIZED BICYCLE COMPONENTS INC	15130 CONCORD CIRCLE MORGAN HILL, CA 95037		50,000.
SQUIRT USA INC	2403 RIVERSIDE PKWY GRAND JUNCTION, CO 81505		15,500.
SRAM	980 ELKTON DRIVE COLORADO SPRINGS, CO 80907	12/31/21	170,000.
ST LUKES HOSPITAL	190 E BANOCK ST BOISE, ID 83712		7,000.
STANS NO TUBES	202 SANIEL ZENKER DR BIG FLATS, NY 14814		5,000.
SUMMER SIZZLER MTB RACE INC	573 HIGH STREET WOODBURY, NJ 08096		5,600.
THE TINA AND RICHARD V CAROLAN FOUNDATION	3 CROWNVIEW LN BERNARDSVILLE, NJ 07924		50,000.
TREK BIKES	801 WEST MADISON STREET WATERLOO, WI 53594	12/31/21	689,182.

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USAC	210 USA CYCLING POINT SUITE 100 COLORADO SPRINGS, CO 80919		26,500.
VA CRANE RENTAL INC	8454 WELLINGTON ROAD MANASSAS, VA 20109		5,000.
VELOCIRAX	914 JACKSON LANE ALPINE, UT 84004-2007	12/31/21	12,000.
JULIA VIOLICH	156 S RIDGEWOOD ROAD KENTFIELD, CA 94904		10,000.
WALTON FAMILY FOUNDATION	PO BOX 2030 BENTONVILLE, AR 72712		299,400.
WILDERNESS TRAIL BIKES	465 MILLER AVE MILL VALLEY, CA 94941		7,500.
WORLDWIDE CYCLERY	3225 GRANDE VISTA DR NEWBURY PARK, CA 91320		19,866.
YAKIMA PRODUCTS INC	4101 KRUSE WAY LAKE OSWEGO, OR 97035		10,000.
U.S. SMALL BUSINESS ADMINISTRATION	409 3RD ST, SW. WASHINGTON, DC 20416		512,248.
TOTAL INCLUDED ON LINE 3			3,156,220.

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FORM 199 COST OF GOODS SOLD INCLUDED ON PART I, LINE 5 STATEMENT 2

COST OF GOODS SOLD		
1. INVENTORY AT BEGINNING OF YEAR		140,094
2. MERCHANDISE PURCHASED.	112,250	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		252,344
7. INVENTORY AT END OF YEAR		115,708
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		136,636

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CA 199 NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
BORAH TEAMWEAR	150 JACK BERG LANE COON VALLEY, WI 54623		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
CLOTHING	12/31/21	2,450.	12,450.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
BOSCH	27211 BURBANK FOOTHILL RANCH, CA 92610		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	10,500.	10,500.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
CONTINENTAL TIRE THE AMERICAS LLC	1830 MACMILLAN PARK DRIVE FORT MILL, SC 29707		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	2,380.	39,880.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
FEEDBACK SPORTS	PO BOX 1278 GOLDEN, CO 80402		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	3,955.	9,955.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
GU ENERGY LABS	1609 4TH STREET BERKELEY, CA 94710		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
FOOD	12/31/21	8,388.	58,388.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
PODIUMWEAR	2408 W TERRITORIAL RD ST PAUL, MN 55114		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
CLOTHING	12/31/21	53,577.	58,577.

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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
SHIMANO	ONE HOLLAND IRVINE, CA 92618		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	10,388.	87,405.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
SRAM	980 ELKTON DRIVE COLORADO SPRINGS, CO 80907		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	14,956.	184,956.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
STRIKE VISUALS	1040 NORTH 950 WEST, SUITE 500 CENTERVILLE, UT 84014		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	20,783.	20,783.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
THE BIKE RACK	14510 EAGLE RUN DR OMAHA, NE 68116		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	6,000.	6,000.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
TREK BIKES	801 WEST MADISON STREET WATERLOO, WI 53594		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	17,953.	707,135.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
VELOCIRAX	914 JACKSON LANE ALPINE, UT 84004-2007		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EQUIPMENT	12/31/21	4,375.	16,375.

TOTAL INCLUDED ON LINE 3	155,705.	1,212,404.

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STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE

(For Registry Use Only)

NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION
Name of Organization

List all DBAs and names the organization uses or has used

21 ORINDA WAY, SUITE C-368
Address (Number and Street)

ORINDA, CA 94563
City or Town, State, and ZIP Code

510-524-5464
Telephone Number

E-mail Address

Check if:
[X] Change of address
[ ] Amended report

State Charity Registration Number CT 123724

Corporation or Organization No. 2650143

Federal Employer ID No. 13-4234305

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) $ 8,909,191 Noncash Contributions $ 160,425 Total Assets $ 6,195,789
Program Expenses $ 6,260,661 Total Expenses $ 7,857,958

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 4	X	
6.	During this reporting period, did the organization hold a raffle for charitable purposes? SEE STATEMENT 5	X	
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

California e-file Signature	AMANDA CAREY	PRESIDENT	10/25/22
Signature of Authorized Agent	Printed Name	Title	Date

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CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 4
PART B, LINE 5

U.S. SMALL BUSINESS ADMINISTRATION
409 3RD ST, SW. WASHINGTON, DC 20416

DEPARTMENT OF CONSERVATIONS AND NATURAL RESOURCES
PO BOX 8767 HARRISBURG, PA 17105

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CA RRF-1 EXPLANATION OF CHARITABLE RAFFLES STATEMENT 5
PART B, LINE 6

FL - ONLINE GIVEAWAY - MAY 2021
ID - ONLINE GIVEAWAY - OCTOBER 2021
IN - ONLINE GIVEAWAY - OCTOBER 2021
KY - ONLINE GIVEAWAY - OCTOBER 2021
MO - ONLINE RAFFLE - NOVEMBER 2021
NE - ONLINE GIVEAWAY - OCTOBER 2021
NV - ONLINE GIVEAWAY - NOVEMBER 2021
NC - ONLINE RAFFLE - MAY 2021
OR - ONLINE GIVEAWAY - OCTOBER 2021
PA - PLEDGE RIDE - MARCH 2021
TN - ONLINE GIVEAWAY - OCTOBER 2021
WV - ONLINE RAFFLE - OCTOBER 2021