

**TAXABLE YEAR** **California Exempt Organization**  
**2018 Annual Information Return**

FORM

**199**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION** California corporation number **0476339**

Additional information. See instructions. FEIN **94-2379839**

Street address (suite or room) **18071 MONTEREY ROAD** PMB no.

City **MORGAN HILL** State **CA** Zip code **95037**

Foreign country name Foreign province/state/county Foreign postal code

**A** First Return ☐ Yes ☒ No  
**B** Amended Return ☐ Yes ☒ No  
**C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No  
**D** Final Information Return? ☐ Dissolved ☐ Surrendered (Withdrawn)  
☐ Merged/Reorganized  
Enter date: (mm/dd/yyyy)   
**E** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other  
**F** Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990)  
(4) ☐ Other 990 series  
**G** Is this a group filing? See instructions ☐ Yes ☒ No  
**H** Is this organization in a group exemption ☐ Yes ☒ 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 ☒ No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions ☐ Yes ☒ No  
**K** Is the organization exempt under R&TC Sec. 23701g? ☐ Yes ☒ No  
If "Yes," enter the gross receipts from nonmember sources \$   
**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
No filing fee is required ☐ Yes ☒ No  
**M** Is the organization a Limited Liability Company? ☐ Yes ☒ No  
**N** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No  
**P** Is federal Form 1023/1024 pending? ☐ Yes ☒ No  
Date filed with IRS

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

<b>Receipts and Revenues</b>	<b>1</b>	Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	44,333
	<b>2</b>	Gross dues and assessments from members and affiliates	<b>2</b>	6,125
	<b>3</b>	Gross contributions, gifts, grants, and similar amounts received	<b>3</b>	4,673
	<b>4</b>	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$50,000, see General Information B</b>	<b>4</b>	55,131
	<b>5</b>	Cost of goods sold	<b>5</b>	
	<b>6</b>	Cost or other basis, and sales expenses of assets sold	<b>6</b>	
	<b>7</b>	Total costs. Add line 5 and line 6	<b>7</b>	
	<b>8</b>	Total gross income. Subtract line 7 from line 4	<b>8</b>	55,131
<b>Ex-penses</b>	<b>9</b>	Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	62,487
	<b>10</b>	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	-7,356
<b>Filing Fee</b>	<b>11</b>	Total payments	<b>11</b>	
	<b>12</b>	Use tax. See General Information K	<b>12</b>	
	<b>13</b>	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>	
	<b>14</b>	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>	
	<b>15</b>	Filing fee \$10 or \$25. See General Information F	<b>15</b>	10
	<b>16</b>	Penalties and Interest. See General Information J	<b>16</b>	
	<b>17</b>	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	<b>17</b>	10

**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 *[Signature]* Title **TREASURER** Date **4-9-2019** Telephone **4089817447**

Preparer's signature *[Signature]* Date Check if self-employed ☐ PTIN **P00070482**

**Paid Preparer's Use Only** Firm's name (or yours, if self-employed) and address **HRB TAX GROUP INC**  
**711 E BIDWELL ST STE 13**  
**FOLSOM CA 95630**  
Firm's FEIN **431871840**  
Telephone **9169834080**

May the FTB discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

**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.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	44,294
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule	●	7	39
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	44,333
Ex-penses and Dis-burse-ments	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	10,727
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule	●	17	51,760
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	62,487

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		80,779	●	74,659
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. Attach schedule			●	
10	a Depreciable assets				
	b Less accumulated depreciation	( )	( )		
11	Land			●	
12	Other assets. Attach schedule			●	
13	<b>Total assets</b>		80,779		74,659
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>				

**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				

**2018 DETAIL STATEMENTS**NORTHERN CALIFORNIA NEVADA CYC  
94-2379839

PAGE 1

## STATEMENT #1 - SALES OR RECIEPTS FROM BUSN AC (CA 199 PG 2 PT 2 LN 1)

SERVICE FEE INCOME.....	2,125
RACE SURCHARGES.....	10,471
USAC REBATES.....	31,698

TOTAL CARRIED TO CA 199 PG 2 PT 2 LN 1.....	44,294
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## STATEMENT #2 - CONTRIBS, GIFTS, GRANTS, OTHER (CA 199 PG 2 PT 2 LN 9)

DONEE'S NAME:	
CHAMPIONSHIPS.....	3,750
DEVELOPMENT OF WOMEN'S RACING.....	1,932
JUNIORS.....	3,410
MENTO.....	1,635

TOTAL CARRIED TO CA 199 PG 2 PT 2 LN 9.....	10,727
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## STATEMENT #3 - OTHER (CA 199 PG 2 PT 2 LN 17)

OTHER FEES.....	285
EQUIPMENT EXPENSE.....	523
BUSINESS AND OPERATIONS.....	3,445
OFFICIALS EXPENSE.....	1,305
BANQUET EXPENSE.....	3,419
LEGAL AND PROFESSIONAL.....	1,325
BAR/BAT SERIES.....	958
CONTRACTORS.....	40,500

TOTAL CARRIED TO CA 199 PG 2 PT 2 LN 17.....	51,760
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**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundations)

OMB No. 1545-1150

**2018**Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATIO		<b>D</b> Employer identification number 94-2379839
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
	18071 MONTEREY ROAD		(408) 981-7447
	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Exemption Number ▶
	MORGAN HILL CA 95037		

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

**I** Website: ▶ NCNCA.ORG

**J** Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 55,131

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	4,673
	2	Program service revenue including government fees and contracts	2	44,294
	3	Membership dues and assessments	3	6,125
	4	Investment income	4	39
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
<b>Expenses</b>	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	55,131
	10	Grants and similar amounts paid (list in Schedule O)	10	10,727
<b>Net Assets</b>	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	41,825
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	9,935
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶	17	62,487
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,356	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	80,779	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶	21	73,423	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
<b>41</b> List the states with which a copy of this return is filed <b>CA</b>		
<b>42a</b> The organization's books are in care of <b>SEE ATTACHMENT #4</b> Telephone no. <b>42a</b> Located at <b>42a</b> ZIP + 4 <b>42a</b>		
<b>b</b> 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)? If "Yes," enter the name of the foreign country <b>42b</b> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>N/A.</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>46</b>		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No

**47** 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

<b>47</b>		
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 ...

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ...

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes	No
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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.

<b>Sign Here</b>	Signature of officer	Date
	RIKKE JEPPESEN Type or print name and title	TREASURER

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BOBBE WATSON				P00070482
	Firm's name	Firm's EIN		Firm's address	
	HRB TAX GROUP INC	431871840	711 E BIDWELL ST STE 13		
			Phone no. 916-983-4080		

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

Yes	No
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

Employer identification number

94-2379839

SCHEDULE O - SEE STATEMENTS



## 2018 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC  
INSPECTION

For calendar year 2018, or tax period beginning , and ending .

Name of Organization

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

Employer Identification Number

94-2379839

### Primary Purpose

LINE 28: THE NORTHERN CALIFORNIA/NEVADA CYCLING ASSOCIATION FOSTERS AMATEUR COMPETITIVE CYCLING IN ITS REGION BY PROVIDING EQUIPMENT, INSTRUCTION, AND ORGANIZATIONAL SUPPORT FOR BICYCLE RACES AND THE MEMBER CLUBS THAT ORGANIZE THEM.

CLIENT COPY

# 2018 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2018, or tax period beginning , and ending

Name of Organization

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

Employer Identification Number

94-2379839

## Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

### Exempt Purpose Achievements

THE NORTHERN CALIFORNIA/NEVADA CYCLING ASSOCIATION (NCNCA) SUPPORTS AMATEUR BICYCLE RACING IN ITS REGION. ACTIVITIES AND ACCOMPLISHMENTS DURING THE YEAR INCLUDED: 1: PROVIDED EQUIPMENT AND SUPPLIES TO MEMBER CLUBS FOR COMPETITIVE CYCLING EVENTS HELD IN THE REGION. 2: SCHEDULED AND PUBLISHED RACING CALENDER FOR THE REGION. 3: SCHEDULED OFFICIALS FOR ALL USA CYCLING EVENTS IN THE REGION. 4: SERVED AS THE LOCAL ASSOCIATON FOR USA CYCLING, THE NATIONAL GOVERNING BODY FOR AMATEUR COMPETITIVE CYCLING. 5: PROVIDED CLINICS AND TRAINING PROGRAMS FOR RACERS AND OFFICIALS. 6: SPONSORED A MENTORSHIP PROGRAM TO ENHANCE SAFETY AMONG RACERS. 7: PROVIDED FINANCIAL SUPPORT TO YOUTH PROGRAMS AND WOMEN'S RACING PROGRAMS. 8: PROVIDED GRANTS TO SUPPORT NEW EVENTS. THERE WERE OVER 30,000 RACER-DAYS IN THE DISTRICT AND EVENTS WERE HELD EVERY WEEKEND DAY OF THE YEAR. AS SUCH, NCNCA OVERSEES THE MOST ACTIVE REGION FOR COMPETITIVE CYCLING IN THE UNITED STATES.

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# 2018 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2018, or tax period beginning , and ending .

Name of Organization

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

Employer Identification Number

94-2379839

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
ERIK CAMACHO PRESIDENT	6.00	0	0	0
KEITH DEFIEBRE VICE PRESIDENT	1.00	0	0	0
MARISSA AXELL SECRETARY	2.00	0	0	0
RIKKE JEPPESEN TREASURER	3.00	0	0	0

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2018 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2018, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

94-2379839

Part V - Line 42a

Individual Name ..... RIKKE JEPPESEN

or

Business Name:

Street Address ..... 14925 JOANNE AVE

U.S. Address:

Zip code 95127

City SAN JOSE

State CA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (408) 981-7447

Fax Number .....