

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. 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATIO

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
18071 MONTEREY ROAD

City or town, state or province, country, and ZIP or foreign postal code
MORGAN HILL CA 95037

D Employer identification number

E Telephone number
(408) 981-7447

F Group Exemption Number ▶

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

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ \$ 50,916

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 ☐

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Contributions, gifts, grants, and similar amounts received																												
Program service revenue including government fees and contracts		43,584																										
Membership dues and assessments			5,400																									
Investment income				37																								
5a Gross amount from sale of assets other than inventory					5a																							
b Less: cost or other basis and sales expenses					5b																							
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							5c																					
6 Gaming and fundraising events:																												
a Gross income from gaming (attach Schedule G if greater than \$15,000)								6a																				
b 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																			
c Less: direct expenses from gaming and fundraising events									6c																			
d 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	1,895															
b Less: cost of goods sold												7b	1,880															
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c														
8 Other revenue (describe in Schedule O)															8													
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																9												
Expenses	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
Grants and similar amounts paid (list in Schedule O)																												
Benefits paid to or for members																												
Salaries, other compensation, and employee benefits																												
Professional fees and other payments to independent contractors																												
Occupancy, rent, utilities, and maintenance																												
Printing, publications, postage, and shipping																												
Other expenses (describe in Schedule O)																												
17 Total expenses. Add lines 10 through 16																												
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																												
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)																												
20 Other changes in net assets or fund balances (explain in Schedule O)																												
21 Net assets or fund balances at end of year. Combine lines 18 through 20																												

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

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

	Yes	No
33 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	33	X
34 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	34	X
35a 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)?	35a	X
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	35b	X
c 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	35c	X
36 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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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	40b	X
c 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.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e 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.	40e	X
41 List the states with which a copy of this return is filed	CA	
42a The organization's books are in care of SEE ATTACHMENT Telephone no. ZIP + 4		
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	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c 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	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	45b	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
46		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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		
48		
49a		
49b		

(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

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	Signature of officer	Date
	RIKKE JEPPESEN Type or print name and title	TREASURER

Paid Preparer Use Only	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	Phone no.		

HRB TAX GROUP INC
711 E BIDWELL ST STE 13

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

Yes	No
	X

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

SCHEDULE O - SEE STATEMENTS

2019 FORM 990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC
INSPECTION

For calendar year 2019, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

770030

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.

2019 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2019, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

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.

2019 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 2019, or tax period beginning , and ending

Name of Organization

Employer Identification Number

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

(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	5.00	0	0	0
KEITH DEFIEBRE VICE PRESIDENT	1.00	0	0	0
MELANIE WONG SECRETARY	1.00	0	0	0
RIKKE JEPPESEN TREASURER	2.00	0	0	0

2019 FORM 990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2019, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

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

2019 DETAIL STATEMENTS

NORTHERN CALIFORNIA NEVADA CYC

PAGE 1

STATEMENT #1 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)

RACE SURCHARGES.....	15,288
USA CYCLING.....	28,122
CHAMPIONSHIP MERCHANDISE.....	174

TOTAL CARRIED TO 990-EZ PG 1 LINE 2.....	43,584
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STATEMENT #2 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

DEVELOPMENTAL PROGRAMS.....	5,090
RACE EVENTS.....	34,265

TOTAL CARRIED TO 990-EZ PG 1 LINE 13.....	39,355
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STATEMENT #3 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

GENERAL AND ADMINISTRATIVE.....	11,554
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TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	11,554
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TAXABLE YEAR **California Exempt Organization**
2019 Annual Information Return

FORM

199

Calendar Year 2019 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 _____

Street address (suite or room) **18071 MONTEREY ROAD** PMB no. _____
 City **MORGAN HILL** State **CA** Zip code **95037**
 Foreign country name _____ Foreign province/state/country _____ 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.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	45,516
	2 Gross dues and assessments from members and affiliates	2	5,400
	3 Gross contributions, gifts, grants, and similar amounts received	3	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	50,916
	5 Cost of goods sold	5	1,880
	6 Cost or other basis, and sales expenses of assets sold	6	
	7 Total costs. Add line 5 and line 6	7	1,880
	8 Total gross income. Subtract line 7 from line 4	8	49,036
Ex-penses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	50,909
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,873
Filing Fee	11 Total payments	11	
	12 Use tax. See General Information K	12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	
	15 Filing fee \$10 or \$25. See General Information F	15	10
	16 Penalties and Interest. See General Information J	16	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	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 **TREASURER** Title **TREASURER** Date _____ Telephone _____
Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed ☐ PTIN **P00070482**
 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	45,479
	2	Interest	2	37
	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	
	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	45,516
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	
	12	Other salaries and wages	12	
Ex-penses and Dis-burse-ments	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other Expenses and Disbursements. Attach schedule	17	50,909
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	50,909

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		74,659		74,836
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	Total assets		74,659		74,836
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	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	●			