

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

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

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

2020

Name of exempt organization or person subject to tax

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

Taxpayer identification number

94-2379839

Name and title of officer or person subject to tax

RIKKE JEPPESEN TREASURER

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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 ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	17,628
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) .....	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) .....	7b	

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

Under penalties of perjury, I declare that ☐ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 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**

☒ I authorize BLOCK ADVISORS to enter my PIN 79839 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 ▶

Date ▶

**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.

682754 73840

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶

Date ▶

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

For Paperwork Reduction Act Notice, see the instructions.

Form 8879-EO (2020)

# 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

2020

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 2020 calendar year, or tax year beginning , 2020, and ending , 20

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> Name of organization NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATIO	<b>D</b> Employer identification number 94-2379839
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	<b>E</b> Telephone number (408) 981-7447
<input type="checkbox"/> Initial return	14925 JOANNE AVE	<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	SAN JOSE CA 95127	
<input type="checkbox"/> Application pending		

**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 ▶ \$ 17,628

**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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	226
	2	Program service revenue including government fees and contracts	2	12,137
	3	Membership dues and assessments	3	5,250
	4	Investment income	4	15
	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	
Expenses	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	17,628
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
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	21,084
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	10,507
17		<b>Total expenses.</b> Add lines 10 through 16	17	31,591
18		Excess or (deficit) for the year (subtract line 17 from line 9)	18	-13,963
Net Assets	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	74,836
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	60,873

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2020)



**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>35b</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>35c</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>37b</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>38b</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>39a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>39b</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>40b</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>40c</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>40d</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>40e</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</b> Telephone no. <b>42a</b> Located at <b>42a</b> ZIP + 4 <b>42a</b>		
<b>42b</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		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>42c</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		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>44b</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>44c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44d</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>45b</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
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

<input type="checkbox"/> Yes	<input type="checkbox"/> 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		Phone no.	
	BLOCK ADVISORS	431871840		916-983-4080	
	Firm's address	711 E BIDWELL ST STE 13			

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

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

**2020**

**Open to Public  
Inspection**

Name of the organization

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

Employer identification number

94-2379839

PART 1 LINE 16 OTHER EXPENSES - OTHER EXPENSES ARE GENERAL AND  
ADMINISTRATIVE EXPENSES

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## 2020 FORM 990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2020, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

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.

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# 2020 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2020, 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 15,000 RACER-DAYS IN THE DISTRICT AND EVENTS WERE OFTEN HELD BOTH WEEKEND DAYS, THROUGHOUT THE YEAR. AS SUCH, NCNCA OVERSEES THE MOST ACTIVE REGION FOR COMPETITIVE AMATEUR CYCLING IN THE UNITED STATES.

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# 2020 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 2020, 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
AMY CAMERON PRESIDENT	4.00	0	0	0
MARC FRANKLIN VICE PRESIDENT	2.00	0	0	0
ROBERT LEIBOLD SECRETARY	1.00	0	0	0
RIKKE JEPPESEN TREASURER	2.00	0	0	0

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2020 FORM 990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC  
INSPECTION

For calendar year 2020, or tax period beginning , and ending

Name of Organization

NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION

Employer Identification Number

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 .....

**2020 DETAIL STATEMENTS**NORTHERN CALIFORNIA NEVADA CYC  
94-2379839

PAGE 1

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

RACE SURCHRGES.....	3,863
USA CYCLING.....	8,265
CHAMPIONSHIP MERCHANDISE.....	9

TOTAL CARRIED TO 990-EZ PG 1 LINE 2.....	12,137
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## STATEMENT #2 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

DEVELOPMENTAL PROGRAMS.....	525
RACE EVENTS.....	20,559

TOTAL CARRIED TO 990-EZ PG 1 LINE 13.....	21,084
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## STATEMENT #3 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

GENERAL AND ADMINISTRATIVE.....	10,507
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TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	10,507
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TAXABLE YEAR **2020** **California Exempt Organization**  
**Annual Information Return**

FORM

**199**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name  
**NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION**

Additional information. See instructions.

California corporation number  
**0476339**

FEIN  
**94-2379839**

Street address (suite or room)  
**14925 JOANNE AVE**

City  
**SAN JOSE**

State  
**CA**

Zip code  
**95127**

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** Is the organization a limited liability company? ..... ☐ Yes ☒ No

**M** Did the organization file Form 100 or Form 109 to report taxable income? ..... ☐ Yes ☒ No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ☐ Yes ☒ No

**O** 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>	12,152
	<b>2</b>	Gross dues and assessments from members and affiliates	<b>2</b>	5,250
	<b>3</b>	Gross contributions, gifts, grants, and similar amounts received	<b>3</b>	226
	<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>	17,628
	<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>	17,628
<b>Ex-penses</b>	<b>9</b>	Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	31,591
	<b>10</b>	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	-13,963
<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>	Penalties and interest. See General Information J	<b>15</b>	
	<b>16</b>	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<b>16</b>	
<b>Sign Here</b>	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	Title <b>TREASURER</b>	Date	Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00070482</b>
	Firm's name (or yours, if self-employed) and address	<b>BLOCK ADVISORS</b> <b>711 E BIDWELL ST STE 13</b> <b>FOLSOM CA 95630</b>		Firm's FEIN <b>431871840</b>
				Telephone <b>9169834080</b>
	May the FTB discuss this return with the preparer shown above? See instructions ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	12,137
	2	Interest	2	15
	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	<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	12,152
Ex-penses and Dis-burse-ments	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	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule	17	31,591
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	31,591

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		70,333		58,825	
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>		70,333		58,825	
<b>Liabilities and net worth</b>					
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		

# 2020 DETAIL STATEMENTS

NORTHERN CALIFORNIA NEVADA CYC  
94-2379839

PAGE 1

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

RACE SURCHARGES.....	3,863
USA CYCLING.....	8,265
CHAMPIONSHIP MERCHANDISE.....	9

TOTAL CARRIED TO CA 199 PG 2 PT 2 LN 1..... 12,137

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STATEMENT #2 - OTHER (CA 199 PG 2 PT 2 LN 17)

DEVELOPMENTAL PROGRAMS.....	525
RACE EVENTS.....	20,559
GENERAL AND ADMINISTRATIVE.....	10,507

TOTAL CARRIED TO CA 199 PG 2 PT 2 LN 17..... 31,591

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CLIENT COPY



TAXABLE YEAR <b>2020</b>	<b>California e-file Return Authorization for Exempt Organizations</b>	FORM <b>8453-EO</b>
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Exempt Organization name <b>NORTHERN CALIFORNIA NEVADA CYCLING ASSOCIATION</b>	Identifying number <b>0476339</b>
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<b>Part I Electronic Return Information</b> (whole dollars only)			
<b>1</b>	Total gross receipts (Form 199, line 4)	<b>1</b>	17,628
<b>2</b>	Total gross income (Form 199, line 8)	<b>2</b>	17,628
<b>3</b>	Total expenses and disbursements (Form 199, line 9)	<b>3</b>	31,591

**Part II Settle Your Account Electronically for Taxable Year 2020**

**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 2020 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.**

<b>Sign Here</b>		Date	 <b>TREASURER</b>
	Signature of officer		Title

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

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, 2020 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.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00070482</b>
	Firm's name (or yours if self-employed) and address <b>BLOCK ADVISORS 711 E BIDWELL ST STE 13 FOLSOM CA</b>				Firm's FEIN <b>431871840</b> ZIP code <b>95630</b>

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.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN <b>P00070482</b>
	Firm's name (or yours if self-employed) and address <b>BLOCK ADVISORS 711 E BIDWELL ST STE 13 FOLSOM CA</b>			Firm's FEIN <b>431871840</b> ZIP code <b>95630</b>