PUBLIC DISCLOSURE COPY

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ARMANINO LLP

1520 S. Fifth Street, Suite 309 St. Charles, MO 63303 ph 636.255.3000

Form 99	D
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** PUBLIC DISCLOSURE COPY ** **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.



Department of the Treasury Internal Revenue Service

Α	For th	e 2021 calendar year, or tax year beginning	and end	ding			
	Check if applicat				D Employer iden	tification	number
	Addr						
	Nam	ge Doing business as			27-22333	36	
	Initia returi	Number and street (or P.0. box if mail is not deli	ivered to street address) Roc	om/suite	E Telephone num	nber	
	Final	n/ JZ00 DIEDMAN INDOSIKIAI DAIVE			314.787.19	990	
	termi ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$		5,966,397.
	Amer	n 51. 10013, MO 05152			H(a) Is this a grou	p return	
	Appli	F Name and address of principal officer: DAVID	DRIER		for subordina	ates?	Yes X No
	pend	SAME AS C ABOVE			H(b) Are all subordinat	es included?	Yes No
			(insert no.) 4947(a)(1) or	527	If "No," attac	h a list. S	ee instructions
		ite: WWW.PEDALTHECAUSE.ORG			H(c) Group exemp	otion num	ber 🕨
			sociation 🔄 Other 🕨	L Year c	f formation: 2010	M State	of legal domicile: MO
P	art I						
đ	1	Briefly describe the organization's mission or most			NNUAL FUNDRAIS	ING	
Ŭ		BIKE CHALLENGE TO RAISE AWARENESS AND	FUNDS FOR CANCER RESEARCH	ł.			
Governance	2		tinued its operations or disposed	of more t	han 25% of its net	assets.	
Ň	3	Number of voting members of the governing body (3	28
		Number of independent voting members of the gov				4	28
es	5	Total number of individuals employed in calendar ye				5	7
Activities &	6	Total number of volunteers (estimate if necessary)				6	400
Act	7 a	Total unrelated business revenue from Part VIII, col				7a	0.
	b	Net unrelated business taxable income from Form S	990-T, Part I, line 11	·····		7b	0.
					Prior Year		Current Year
e	8	Contributions and grants (Part VIII, line 1h)			5,392,04		5,600,457.
lue/	9	Program service revenue (Part VIII, line 2g)	217,81	0.	309,594.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,					0.
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			8,01		16,109.
	12	Total revenue - add lines 8 through 11 (must equal I			5,617,87		5,926,160.
	13	Grants and similar amounts paid (Part IX, column (A			3,005,49	⁵ .	4,180,536.
	14	Benefits paid to or for members (Part IX, column (A)			697,28	-	
ses	15	Salaries, other compensation, employee benefits (P			097,20	0.	678,141.
Expenses	168	Professional fundraising fees (Part IX, column (A), lin				••	0.
Ä		Total fundraising expenses (Part IX, column (D), line			722,98	0	996,601.
	1 17	Other expenses (Part IX, column (A), lines 11a-11d,			4,425,76		5,855,278.
		Total expenses. Add lines 13-17 (must equal Part IX Revenue less expenses. Subtract line 18 from line 1			1,192,11		70,882.
- 9	<u>19</u>	nevenue less expenses. Subtract line 18 from line	2	 	inning of Current Ye		End of Year
Net Assets or	20	Total assets (Part X, line 16)			1,862,26		1,931,187.
Asse	20				181,03		179,075.
Vet /	22	Net assets or fund balances. Subtract line 21 from	line 20		1,681,23		1,752,112.
	art II				_/ _/ _/ _	•	_/ _/
Unc	der pen	alties of perjury, I declare that I have examined this return,	including accompanying schedules and	d stateme	nts. and to the best of	f mv knowl	edge and belief, it is
	-	ect, and complete. Declaration of preparer (other than office				· · · · , · · · · · · ·	
	,		,	<u> </u>			
Sig	ın	Signature of officer			Date		
He		DAVID DRIER, EXECUTIVE DIRECTOR					
	-	Type or print name and title					
		Print/Type preparer's name	Preparer's signature	D	ate Check		PTIN
Pai	d		JENNIFER M. VACHA	0 8	/12/22 if self-er	nployed P()1251998
	parer	Firm's name ARMANINO LLP	IN ▶ 94-6214841				
	Only	Firm's address 🕨 1520 S. FIFTH STREET, SU	ITE 309			-	

ST. CHARLES, MO 63303



No

Phone no.636-255-3000

r a	rt 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:		
•	OUR MISSION IS TO PROVIDE FUNDING FOR CANCER RESEARCH AT SITEMAN		
	CANCER CENTER AND ST. LOUIS CHILDREN'S HOSPITAL THROUGH OUR ANNUAL		
	CYCLING CHALLENGE. IT IS OUR HOPE THAT RESEARCH FUNDED BY PEDAL THE		
	CAUSE WILL ULTIMATELY LEAD TO A CURE FOR CANCER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			Yes 🔟 No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
~			Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	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 me	, ,	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	es, and
	revenue, if any, for each program service reported.		226 150
4a	(Code:) (Expenses \$ 4,180,536. including grants of \$ 4,180,536.) (Revenue \$	\$	326,150.
	IN 2021, OVER 3,800 ADULTS AND CHILDREN PARTICIPATED IN PEDAL THE		
	CAUSE, SUPPORTED BY 400 VOLUNTEERS, WHOM TOGETHER RAISED OVER \$4.2		
	MILLION TO FUND CANCER RESEARCH. OVER THE PAST 12 YEARS, PEDAL THE		
	CAUSE HAS CUMULATIVELY DONATED \$36.26 MILLION - SUPPORTING 188 TOTAL		
	RESEARCH PROJECTS.		
	MAJOR BREAKTHROUGHS MADE POSSIBLE BY PEDAL THE CAUSE FUNDS INCLUDE THE		
	DEVELOPMENT OF DNA AND PEPTIDE VACCINES FOR MULTIPLE CANCER TYPES,		
	CANCER GOGGLES TO HELP SURGEONS SEE CANCER CELLS, HARNESSING OUR BODY'S		
	'NATURAL KILLER' CELLS AND CUTTING-EDGE RESEARCH IN THE UNDERSTANDING		
	OF CANCER STEM-CELLS AND IMMUNOTHERAPY.		
	(SEE SCHEDULE O)		
4b	(SEE SCHEDULE 0) (Code:) (Expenses \$ including grants of \$) (Revenue \$)	\$	
4b		\$	
4b		\$	
4b		\$	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4c 4d	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c 4d	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	\$	rrm 990 (202

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Pa	t 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	Х	
2	Is the organization required to complete Schedule B. Schedule of Contributors? See instructions	2	Х	
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	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		–		
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
U		11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			<u> </u>
С	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
е	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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,			
U.	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15		4-		v
	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			1
	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	х	1
120001				(2021)
132003	12-09-21	FOUL	500	(2021)

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Par	t 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	Х	
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		
	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		
	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			1
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	2.50		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07		20		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	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	Х	<u> </u>
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			1
	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		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	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?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3		
)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)

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Par	t 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 7			
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 <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible?	6b		-
	Organizations that may receive deductible contributions under section 170(c). Did the exception require a payment in except of $$75$ mode partly as a contribution and partly for goods and convision provided to the payor?	7-		x
	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 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
Ь				
		7e		x
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
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.			
	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:			
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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.			
а	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	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
. –	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			_v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
47	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	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
120005	If "Yes," complete Form 6069.	Form	990	(2021)
132005	12-09-21	FUH		(2021)

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133295.1

Form	990 (2021) PEDAL THE CAUSE			233336		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, an	d for a '	'No" r	espon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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		28			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2	Х	
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 99	90 was	filed?		4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			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 ap	point c	ne 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, st	ockhol	ders, 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	r by the	following:				
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	enue (Code.)				
				ſ		Yes	
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 characteristics of such c	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the for	m?	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe				
	on Schedule O how this was done				12c	Х	L
13	Did the organization have a written whistleblower policy?				13	Х	L
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 inc	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	L
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 arrangem	ient wi	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
<u></u>	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	T (section 50	1(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest poli	cy, and	financ	cial	
	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 boo	ks and	records				
	THE ORGANIZATION - 314.787.1990						
	9288 DIELMAN INDUSTRIAL DRIVE, ST LOUIS, MO 63132					000	
132006	12-09-21 7				Form	990	(2021)
<u> </u>	7 10 70104E 12200E 200 2001 04014 DEDAT MIT	. ~-	TIOT			1 2	200
<u>р</u> 08	12 701245 133295.300 2021.04014 PEDAL TH	L CA	USE			13	329

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Form 990 (2021)	PEDAL THE CAUSE	27-2233336	Page 7								
Part VII Compension	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employe	es, and Independent Contractors										
Check if Sc	chedule O contains a response or note to any line in this Part VI	il									
Section A. Officers, E	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 t	the calendar year ending with or within the organizat	tion's tax year.								
 List all of the orga 	anization's current officers, directors, trustees (whether individu	uals or organizations), regardless of amount of comp	pensation.								
Enter -0- in columns (D),	, (E), and (F) if no compensation was paid.										
 List all of the orga 	anization'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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless per officer and a di		rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		vold	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID DRIER	40.00									
EXECUTIVE DIRECTOR				х				170,459.	0.	18,028.
(2) STACY ABELES	40.00									
DIRECTOR OF DEVELOPMENT						X		116,969.	0.	8,123.
(3) BRIAN ASHWORTH	3.00									
PRESIDENT		Х		Х				٥.	٥.	0.
(4) EMILY CALLAHAN	2.00									
VICE PRESIDENT		Х		х				٥.	0.	0.
(5) RENEE VAN HORN	2.00									
SECRETARY		Х		Х				٥.	٥.	0.
(6) JIM STARR	2.00									
TREASURER		Х		Х				٥.	0.	0.
(7) BRICE ADAMSON	1.00									
DIRECTOR		Х						٥.	٥.	0.
(8) ED ALIZADEH	1.00									
DIRECTOR		Х						٥.	0.	0.
(9) JOE BERGER	1.00									
DIRECTOR		Х						٥.	٥.	0.
(10) KEITH BERNIER	1.00									
DIRECTOR (TERM 6/2021)		Х						٥.	٥.	0.
(11) STEVE CALLAHAN	1.00									
DIRECTOR		Х						٥.	٥.	0.
(12) MICHAEL CHRISTIAN	1.00									
DIRECTOR		Х						٥.	٥.	0.
(13) RYAN FIELDS	1.00									
DIRECTOR		Х						٥.	٥.	0.
(14) JUDY GLIK	1.00									
DIRECTOR		Х						0.	Ο.	0.
(15) GEORGE GODAT	1.00									
DIRECTOR		х						0.	0.	0.
(16) BILL GREUBEL	1.00									
DIRECTOR		х						0.	0.	0.
(17) TERI GRIEGE	1.00									
DIRECTOR		х						0.	0.	0.
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132007 12-09-21

Form 990 (2021) PEDAL THE CAU	ISE								27-22	3333	6	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable		E	stimate	ed
	hours per	box	, unle	ss per nd a d	rson i	s both	n an	compensation	compensatio		ar	nount	of
	week				Inecto	i/irus	lee)	from	from related			other	
	(list any hours for	irecto						the	organization			ipensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			rom th janizat	
	organizations	ruste	l trus		ee	mpen		1099-NEC)	1033-NEO)		۲ I	d relat	
	below	In dividual trustee or director	In stitutional trustee	5	<ey employee<="" td=""><td>est co oyee</td><td>er</td><td></td><td></td><td></td><td></td><td>anizati</td><td></td></ey>	est co oyee	er					anizati	
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former						
(18) MARY HENDRICKS-HARRIS	1.00												
DIRECTOR		Х						0.		0.			٥.
(19) CHIP LERWICK	1.00									-			_
DIRECTOR		Х						0.		0.			0.
(20) MARK MANNING	1.00												•
DIRECTOR		Х						0.		0.			0.
(21) LYNDA MCCLURE	1.00												
DIRECTOR	1 00	х						0.		0.			0.
(22) PETER MITCHELL	1.00	x						0.		Ο.			0
DIRECTOR (23) RICK MOECKEL	1.00	^		-		-		0.		0.			0.
DIRECTOR	1.00	x						0.		Ο.			0.
(24) DAVID MOONS	1.00	^								0.			0.
DIRECTOR	1.00	x						0.		Ο.			0.
(25) DAVID PECKINPAUGH	1.00	л						· · ·		••			۰.
DIRECTOR	1.00	x						0.		Ο.			0.
(26) MICHAEL SCHWARTZ	1.00									••			••
DIRECTOR	1.00	x						0.		Ο.			Ο.
dh. Quiktotal								287,428.		0.		26	151.
c Total from continuation sheets to Part VI								0.		0.		,	0.
d Total (add lines 1b and 1c)								287,428.		0.		26	151.
2 Total number of individuals (including but no							o re	,	000 of reportable			/	
compensation from the organization		000	noco	u un		,	010						2
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ev e	empl	love	e, or	hiq	hest compensated emp	loyee on	I			
line 1a? If "Yes," complete Schedule J for si	-			•	•		Ŭ				3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? <i>If "Yes." com</i>											5		х
Section B. Independent Contractors													
1 Complete this table for your five highest con	npensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa	tion fr	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)				C)	
Name and business	address	NO	NE					Description of s	ervices	C	compe	nsatio	n
2 Total number of independent contractors (ir	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•)		,					
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	990 (2021)

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Part VII Section A. Officers, Directors, Tr			yee			ngn	851 (, ,	
(A) Name and title	(B)				C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	Average hours per week (list any hours for		heck		that	app	ly)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatio from the organizatior
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	· · · · ·		and related organization
27) KRISTIE SKOR DIRECTOR	1.00	x						0.	0.	
28) NICOLE STUBBLEFIELD	1.00									
DIRECTOR 29) BILL TIMMONS	1.00	х						0.	0.	
DIRECTOR	1.00	x						0.	0.	
30) BRAD VERDIGETS	1.00									
DIRECTOR		X						0.	0.	
31) TED WHEELER DIRECTOR	1.00	x						0.	0.	
				-						
		1								

132201 04-01-21

Check # Schedule O contains a response or note to any line in the Pert VII. (A) (C) Unrelated campaignes (D) (D) (D) (D) (D) <		<u>1 990 (</u>		AUSE				27-223333	6 Page 9
and the second of the	Ра	rt VII	Statement of Revenue						
Sections 512 - 514 Sections 512 - 514 Membership dues Sections 512 - 514 Membership dues Sections 512 - 514 Descriptions 512 - 514 Benefities 512 - 514 Benefities 512 - 514 Sections 512 - 514 Benefities 512 - 514									

PEDAL THE CAUSE

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	o or noto to any lino in t	hic Dort IV		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,180,536.	4,180,536.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	313,579.		106,753.	206,826.
6	Compensation not included above to disgualified	,		,	,
Ŭ	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	298,877.		7 200	201 490
7	Other salaries and wages	230,0//.		7,388.	291,489.
8	Pension plan accruals and contributions (include	C 400			6 4 - 0
	section 401(k) and 403(b) employer contributions)	6,172.			6,172.
9	Other employee benefits	15,488.			15,488.
10	Payroll taxes	44,025.		7,924.	36,101.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	841.		841.	
с	Accounting	68,787.		68,787.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	97,020.			07 020
12	Advertising and promotion			F 000	97,020.
13	Office expenses	25,098.		5,092.	20,006.
14	Information technology	46,933.		8,917.	38,016.
15	Royalties				
16	Occupancy	42,084.		7,996.	34,088.
17	Travel	3,590.			3,590.
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	3,150.		599.	2,551.
23		26,672.		26,672.	, – –
23 24	Other expenses, Itemize expenses not covered			,	
24	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 0.)	682,426.			682 426
a		002,420.			682,426.
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,855,278.	4,180,536.	240,969.	1,433,773.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		
	educational campaign and fundraising solicitation. Check here Figure 160 if following SOP 98-2 (ASC 958-720)				

13

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			502,433.	1	911,437.
	2	Savings and temporary cash investments				2	,
	3	Pledges and grants receivable, net			1,240,307.	3	963,597.
	4	Accounts receivable, net			97,475.	4	37,030.
	5	Loans and other receivables from any current or				_	
		trustee, key employee, creator or founder, subst		· ·			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	•			_	
		under section 4958(f)(1)), and persons described	•	`		6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As:	9				6,311.	9	2,250.
		Land, buildings, and equipment: cost or other			,		<u>/</u>
		basis. Complete Part VI of Schedule D	10a	73,444.			
	ь	Less: accumulated depreciation	10b	56,571.	15,741.	10c	16,873.
	11	Investments - publicly traded securities		,	,	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			1,862,267.	16	1,931,187.
	17	Accounts payable and accrued expenses	48,637.	17	46,667.		
	18	Grants payable	,	18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
lida		controlled entity or family member of any of thes		·		22	
Ľ	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated	•	F	132,400.	24	132,408.
	25	Other liabilities (including federal income tax, pay	•	F			
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			181,037.	26	179,075.
		Organizations that follow FASB ASC 958, chee	ck here 🕨	X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			373,457.	27	719,911.
Bal	28	Net assets with donor restrictions			1,307,773.	28	1,032,201.
pu		Organizations that do not follow FASB ASC 95					
Ľ.		and complete lines 29 through 33.					
s G	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc	come, or oth	er funds		31	
Net	32	Total net assets or fund balances			1,681,230.	32	1,752,112.
	33	Total liabilities and net assets/fund balances			1,862,267.	33	1,931,187.
							Form 990 (2021)

PEDAL THE CAUSE

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

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Form	990 (2021) PEDAL THE CAUSE	27-223333	6	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				4
	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	5	,926,	160.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,855,	278.
3	Revenue less expenses. Subtract line 2 from line 1	3		70,	882.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,681,	230.
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			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,752,	112.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	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 requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				aan .	(2021)

Form **990** (2021)

Department of the Treasury

(Form 990)

Total

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.

OMB No. 1545-0047
2021
Open to Public

Internal Revenue Service				► Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection	
Nam	e of t	the organizati	on	Employ					Employer	er identification number	
_				THE CAUSE						27-2233336	
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior	IS.		
The	organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1					on of churches described		n 170(b)(1	I)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)					
3		•	•		anization described in se						
4				ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and stat									
5					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
_				Complete Part II.)							
6				-	nental unit described in						
7	X	-		-	ntial part of its support fi	om a gove	ernmental	unit or from ti	ne general p	oublic described in	
~				omplete Part II.)							
8 9					(1)(A)(vi). (Complete Par		ad in aanii	nation with a	land grant		
9		-	-		in section 170(b)(1)(A)(ulture (see instructions).		-		-	-	
		university:		grant college of agric			name, city	, and state of	the college		
10		, _	on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from	
10					t to certain exceptions; a						
					(less section 511 tax) fro					•	
				mplete Part III.)	(,	,	,	
11				-	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on	
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving	
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		¬ ~		t complete Part IV,							
С			-		g organization operated				ly integrate	ed with,	
			-). You must complete I						
d			-		oorting organization oper				-		
			-		ation generally must sat	-		-	I an attentiv	/eness	
		-			nplete Part IV, Sections written determination fro						
е		—	0					турет, туре	п, туре п		
f	Ente	er the number			nally integrated supporting		ation.				
י ה				about the supporte	d organization(s)						
9		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)	
					1					1	

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Schedule A	(Form	990)	202
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Page 2

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

Sec	Stion A. Public Support						
Cale	ndar 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.")	5,066,235.	5,813,619.	6,093,073.	5,392,046.	5,604,297.	27,969,270.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	5,066,235.	5,813,619.	6,093,073.	5,392,046.	5,604,297.	27,969,270.
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)						1,297,896.
	Public support. Subtract line 5 from line 4.						26,671,374.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	5,066,235.	5,813,619.	6,093,073.	5,392,046.	5,604,297.	27,969,270.
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.)						00.000.000
	Total support. Add lines 7 through 10						27,969,270.
	Gross receipts from related activities,						1,913,713.
13	First 5 years. If the Form 990 is for th	e e					
800	organization, check this box and stor ction C. Computation of Publi						
	•		•	- (1)			95.36 %
	Public support percentage for 2021 (I		•			14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Public support percentage from 2020					15	/0
168	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-				······ • —
C	33 1/3% support test - 2020. If the o	-					
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	•					
	and if the organization meets the fact			•	•	Ū.	
	meets the facts-and-circumstances te	-	-		-		
b	10% -facts-and-circumstances test	-					1U% OF
	more, and if the organization meets the						
10	organization meets the facts-and-circu		•				
10	Private foundation. If the organization	IT UIU HOL CHECK A I		i, 100, 178, 01 170	, CHECK THIS DOX A		(Form 990) 2021
						Schenne A	

Schedule A (Form 990) 202

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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.)

Sect	ion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")						
r f a	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or bus-						
	ness under section 513						
	Fax revenues levied for the organ-						
	zation's benefit and either paid to or expended on its behalf						
5 1	The value of services or facilities						
f	urnished by a governmental unit to						
t	he organization without charge						
6 1	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and B received from disqualified persons						
fi	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c /	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ion B. Total Support			•	-		
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
(5	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
bl	Inrelated business taxable income						
```	less section 511 taxes) from businesses acquired after June 30, 1975						
c /	Add lines 10a and 10b						
11 N a V	Net income from unrelated business activities not included on line 10b, whether or not the business is egularly carried on						
12 ( (	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 F	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	nization,
	check this box and stop here	-			-	-	
	ion C. Computation of Publi						
<b>1</b> 5 F	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
<b>16</b> F	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sect	ion D. Computation of Inves	stment Income	e Percentage				
<b>17</b>	nvestment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%
<b>18</b>	nvestment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and l	ine 17 is not
r	nore than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly	supported organiza	ation	►
	33 1/3% support tests - 2020. If the						
	ine 18 is not more than 33 1/3%, che						tion ▶
20 F	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

#### 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

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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).
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- 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.**
- **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.*
- **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.)

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11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	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		
Sec	tion 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		163	NU
•	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 <b>Part VI</b> 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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
300	tion C. Type II Supporting Organizations		<b></b>	
			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		
Sec	tion 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		
Sec	tion 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 instruction	s).		
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	i <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.			
а	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				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
13202		ile A (Forr	n 990)	2021
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Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

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Yes No

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hedule A (Form 990) 2021 PEDAL THE CAUSE			27-2233336 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supportin			
Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations must be a support of the support			Part VI). See Instructions.
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
B Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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>b</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		
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		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

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instructions).

Sche	dule A (Form 990) 2021 PEDAL THE CAUSE				27-2233336	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)		
Sect	ion D - Distributions				Current Ye	er
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	e 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		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributal Amount for :	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
<u>a</u>	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					
<u>i</u>	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:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021		THE CAUSE	27-2233336	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 1 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; t V, Section E, lines 2, 5, and 6. Also complete this part for any ac	ines 1 and 2; Part IV, Sectior Part V, Section B, line 1e; Pa	۱C,
132028 01-04-2	2			Schedule A (Form	990) 2021
			22		

## Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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## 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

Employer identification number

F	27-2233336						
Organization type (check	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 <b>not</b> 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						
, ,	n 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 Rul	e. See instructions.					
General Rule							

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  $\dots$   $\blacktriangleright$  \$

**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.

	B (Form 990) (2021)		Page
Name of or	rganization		Employer identification number
PEDAL TH	IE CAUSE		27-2233336
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$333,3	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
2		\$150,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution:	(d) s Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
	-21	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page <b>3</b>
Name of o	rganization		Employer identification number
PEDAL TH	IE CAUSE		27-2233336
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		   \$	
123453 11-11	-21		Schedule B (Form 990) (2021)

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26 2021.04014 PEDAL THE CAUSE

lame of or	ganization			Employer identification number		
EDAL THE	E CAUSE			27-2233336		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/ For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held		
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
$\vdash$		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held		
F		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held		
Part I				,		
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of trans	sferor to transferee		
				Sakadula D (Farm 000) (0)		
3454 11-11-	<u> </u>	27		Schedule B (Form 990) (2		

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2021.04014 PEDAL THE CAUSE

SCHEDULE [	)
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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.



Name of the organization

Employer identification number

2	7 –	2	23	3	3	3	6

	PEDAL THE CAUSE								33336	
Par			r Si	imi	lar Funds	or Ac	coun	its. Comple	ete if the	)
	organization answered "Yes" on Form 990, Part IV, line	e 6.								
		(a) Donor ad	vised	d fu	nds	(	<b>b)</b> Fun	ds and other	accoun	ts
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 v	vriting that the assets	s hel	ld in	donor advis	ed fund	s			
	are the organization's property, subject to the organization's e	exclusive legal contro	ol? .					v	Yes	No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	ant fi	unds can be	used or	nly			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fo	r any	y otł	her purpose o	conferri	ng			
	impermissible private benefit?								Yes	No
Par	t II Conservation Easements. Complete if the org	anization answered	"Yes	s" or	n Form 990, I	Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).							
	Preservation of land for public use (for example, recreat	tion or education)		] Pr	eservation of	a histo	rically	important la	nd area	
	Protection of natural habitat			] Pr	eservation of	a certif	ied his	storic structu	re	
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation con	tribu	utior	n in the form (	of a cor	nservat	tion easemer	nt on the	last
	day of the tax year.							Held at the E		
а							2a			
b							2b			
c	Number of conservation easements on a certified historic stru						2c			
d	Number of conservation casements included in (c) acquired a						20			
u	listed in the National Register						2d			
3	Number of conservation easements modified, transferred, rele							during the to	v	
3		easeu, extinguisneu,		enni	nateu by the	organiz	Lation	uuning ine ia		
4	year	amont is located								
4	Number of states where property subject to conservation eas				le eve ellive er ef					
5	Does the organization have a written policy regarding the peri							,		
•	violations, and enforcement of the conservation easements it								Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations	s, and	na er	ntorcing cons	ervatio	n ease	ments auring	g the yea	ar
_										
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	d ent	forci	ing conservat	tion eas	ement	is during the	year	
-	▶ \$						••			
8	Does each conservation easement reported on line 2(d) above	•							-	<b>—</b>
	and section 170(h)(4)(B)(ii)?								Yes	No
9	In Part XIII, describe how the organization reports conservation									
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	on's	fina	ncial stateme	ents tha	t desc	ribes the		
De	organization's accounting for conservation easements.					har C		Acato		
Par	t III Organizations Maintaining Collections of		rea	asu	ires, or Ut	ner 5	mila	r Assets.		
	Complete if the organization answered "Yes" on Form									
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its	reve	enue	e statement a	nd bala	nce sh	neet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	tion,	or r	esearch in fu	rtheran	ce of p	public		
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	cribe	es these item	S.				
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its reve	enue	e sta	tement and b	balance	sheet	works of		
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	res	earch in furth	erance	of put	olic service,		
	provide the following amounts relating to these items:									
	(i) Revenue included on Form 990, Part VIII, line 1							\$		
2	If the organization received or held works of art, historical trea						orovide	)		
	the following amounts required to be reported under FASB AS	SC 958 relating to th	ese i	item	is:					
а	Revenue included on Form 990, Part VIII, line 1	-						\$		
b	Assets included in Form 990, Part X							\$		
	For Paperwork Reduction Act Notice, see the Instructions							Schedule D	(Form 9	90) 2021
	10-28-21								-	-
		28								

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Sche	dule D (Form 990) 2021 PEDAL THE							27-223		Р	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, or	r Othe	r Simi	lar Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make s	ignificar	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exe	mpt pur	oose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical trea	sures, or othe	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	'Yes" or	n Form 9	90, Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custod								_		-
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					A		
									Amour	It	
с	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
1	Ending balance Did the organization include an amount on F						<b>11</b>		Yes		No
	If "Yes," explain the arrangement in Part XIII.							∟			
Par							10				
	Complete	(a) Current year	1	Prior year	(c) Two year			e years back	(e) Fou	r vears	back
1a	Beginning of year balance			,			. ,	5		<u> </u>	
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 cur		e (line 1g	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>_</u> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	nd administer	ed for th	ne orgar	ization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the t VI Land. Buildings. and Equipm		wment f	unds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere		Dort IV	/ line 11e C	Coo Form 000	Dort V	line 10				
			,						( )		
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	• •	ccumul		( <b>d)</b> Boc	ok valu	е
4 -	Land		neng	Dasis		ue	preciali				
	Land										
	Buildings										
	Leasehold improvements										
	EquipmentOther				73,444.		5	6,571.		16	873.
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (P) linn 1	, ,						873.
Tota	The most a through the (Column (a) MUSE	<u>qual FUIII 990, Part</u>	<u>, coiun</u>	ш (р). Ше Т	<i>UC.J</i>			Soboduli	D (F -		

Schedule D (Form 990) 2021

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(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" of	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	l-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" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	i		
(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.	10.)		
Complete if the organization answered "Yes" of	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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	•	
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provide			hat reports the
organization's liability for uncertain tax positions under			
			edule D (Form 990) 2021
			· · · · · · · · · · · · · · · · · · ·

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.

PEDAL THE CAUSE

(b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (1) Financial derivatives

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Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 PEDAL THE CAUSE			27-2233336	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Re	evenue per Re	turn.	
	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	6,031,235.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	• • • •				
b	Donated services and use of facilities	2b	75,608.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	29,467.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	105,075.
3	Subtract line <b>2e</b> from line <b>1</b>			3	5,926,160.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,926,160.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stat		xpenses per H	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	5,960,353.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	<u>2</u> a	75,608.		
b	Prior year adjustments				
С					
d	,	2d	29,467.		
е	Add lines 2a through 2d			2e	105,075.
3	Subtract line 2e from line 1			3	5,855,278.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,	<u>)</u>		5	5,855,278.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X, line 2; I	Part XI,
PARI	YX, LINE 2:				
THE	ORGANIZATION QUALIFIES AS A NONPROFIT ORGANIZATION AND IS	EXEMPT FROM			
FEDE	RAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE	INTERNAL			
REVE	ENUE CODE.				
THE	ORGANIZATION HAS ADDRESSED THE PROVISIONS OF ASC 740, ACCC	OUNTING FOR			
INCO	ME TAXES. IN THAT REGARD, THE ORGANIZATION HAS EVALUATED I	TS TAX			

POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS,

CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO

PROVISION FOR INCOME TAXES IS NECESSARY, AT THIS TIME, TO COVER ANY

UNCERTAIN TAX POSITIONS.

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Schedule D (Form 990) 2021	PEDAL THE CAUSE		27-2233336	Page 5
Part XIII Supplemental Inform	nation (continued)			
PART XI, LINE 2D - OTHER ADJU	STMENTS :			
RECLASS OF COST OF GOODS SOLD	AGAINST INCOME	27,640.		
RECLASS OF DIRECT FUNDRAISING	EXPENSES AGAINST INCOME	1,827.		
TOTAL TO SCHEDULE D, PART XI,	LINE 2D	29,467.		
PART XII, LINE 2D - OTHER ADJ	JSTMENTS:			
RECLASS OF COST OF GOODS SOLD		27,640.		
RECLASS OF DIRECT FUNDRAISING		1,827.		
TOTAL TO SCHEDULE D, PART XII				
	,	29,467.		
			Schedule D (Form	990) 2021

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SCHEDULE I (Form 990)	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.										
Department of the Treasury		C C	Attach to Form	•			Open to Public				
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	r the latest inform	nation.		Inspection				
Name of the organization PEDAL THE CAUS	SE						Employer identification number 27-2233336				
Part I General Information on Grants a	nd Assistance										
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li><u>2</u> Describe in Part IV the organization's pro</li> </ol>	tance?										
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any				
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
SITEMAN KIDS AT STL CHILDREN'S HOSPITAL (STL CHILDREN'S HOSP. FOUND.) - 1001 HIGHLANDS PLAZA DR											
WEST #160 - ST. LOUIS, MO	43-1626863	501(C)(3)	1,254,161.	0.			SUPPORT CANCER RESEARCH				
SITEMAN CANCER CENTER (FOUNDATION FOR BARNES JEWISH HOSP.) - 1001 HIGHLANDS PLAZA DR WEST #140 - ST.											
LOUIS, MO 63110-1337	43-1648435	501(C)(3)	2,926,375.	0.			SUPPORT CANCER RESEARCH				
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>							2. 				

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

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Schedule I (Form 990) 2021

(a) Type of grant or assistance

#### Schedule I (Form 990) 2021

					ĺ –				
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	e 2; Part III, column	(b); and any other ac	dditional information.					
PART I, LINE 2:									
PEDAL THE CAUSE (PTC) MAINTAINS RECORDS TO SUBSTAN	FIATE THE AMO	OUNT OF							
ASSISTANCE AWARDED. PTC PROVIDES FUNDING TO SITEMA	AN CANCER CEN	ITER (THROUGH							
BARNES JEWISH HOSPITAL FOUNDATION) AND SITEMAN KIDS	S AT ST. LOUI	IS CHILDREN'S							
HOSPITAL (THROUGH THE ST. LOUIS CHILDREN'S HOSPITAN	HOSPITAL (THROUGH THE ST. LOUIS CHILDREN'S HOSPITAL FOUNDATION). BOTH								
ORGANIZATIONS CONDUCT CANCER RESEARCH AND ARE RECOGNIZED AS TAX-EXEMPT									
ORGANIZATIONS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). PTC DOES NOT									
PRESENTLY FUND CANCER RESEARCH BY OTHER ORGANIZATIONS.									

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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.

(b) Number of

recipients

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(f) Description of noncash assistance

**(e)** Method of valuation (book, FMV, appraisal, other)

Page 2

SC	HEDULE J	Compensati	on Information	1	OMB No. 1	545-004	47		
(Fo	rm 990)	-	ustees, Key Employees, and Highest		20	71			
			ted Employees		20				
Depar	tment of the Treasury		red "Yes" on Form 990, Part IV, line 23. o Form 990.		Open to	Publ	ic		
	al Revenue Service		nstructions and the latest information.		Inspection				
Nam	e of the organizatio				identification number				
		PEDAL THE CAUSE		27-2233	3336				
Ра	rt I Question	s Regarding Compensation							
						Yes	No		
1a		ate box(es) if the organization provided any of the		990,					
		line 1a. Complete Part III to provide any relevant ir	0 0						
	First-class or o		Housing allowance or residence for persor						
	Travel for com	·	Payments for business use of personal res						
		ation and gross-up payments	Health or social club dues or initiation fees						
	Discretionary	spending account	Personal services (such as maid, chauffeu	r, cnet)					
Ŀ.	If any of the here-	an line to are checked, did the succeivation follow							
a	•	on line 1a are checked, did the organization follow			41.				
0		rovision of all of the expenses described above? I			1b				
2		n require substantiation prior to reimbursing or allo			2				
	trustees, and onice	rs, including the CEO/Executive Director, regarding	g the items checked on line Ta?		2				
3	Indicate which if a	ny, of the following the organization used to establ	ish the compensation of the organization's						
U		ector. Check all that apply. Do not check any boxe		on to					
		ation of the CEO/Executive Director, but explain in		1110					
	Compensation		Written employment contract						
	·	ompensation consultant	Compensation survey or study						
	·	ther organizations	Approval by the board or compensation of	ommittee					
			Approval by the board of compensation of	Similatee					
4	During the year, did	any person listed on Form 990, Part VII, Section	A, line 1a, with respect to the filing						
•	organization or a re		,						
а	•				4a		x		
b		eive payment from a supplemental nonqualified re			4b		x		
с	-	eive payment from an equity-based compensation			4c		x		
		les 4a-c, list the persons and provide the applicable							
	,								
	Only section 501(	)(3), 501(c)(4), and 501(c)(29) organizations mus	t complete lines 5-9.						
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the or	ganization pay or accrue any compensation	n					
	contingent on the r	evenues of:							
а	The organization?				5a		X		
		ation?			5b		X		
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the or	rganization pay or accrue any compensation	n					
	contingent on the r	et earnings of:							
а	The organization?				6a		x		
		ation?			6b		X		
		r 6b, describe in Part III.							
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
	not described on lines 5 and 6? If "Yes," describe in Part III				7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
		ption described in Regulations section 53.4958-4(			8		X		
9		d the organization also follow the rebuttable presu							
		53.4958-6(c)?			9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Fo	rm 990.	Schedule	J (Forn	n <b>990</b> )	2021		

132111 11-02-21

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID DRIER	(i)	142,459.	28,000.	0.	4,779.	13,249.	188,487.	0.
EXECUTIVE DIRECTOR	(ii)	0.	٥.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i) (ii)							
	(i) (i)							
	(i) (ii)							
	(i) (i)							
	() (ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2021 Open to Public Inspection

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

Employer identification number
27-2233336

PEDAL THE CAUSE

Par	t I Types of Property				ł				
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	4	10,583.	PUBLICLY TRADED	EXCHA	NGE		
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								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (EVENT MEALS)	X	2	35,000.	COMPARABLE SALES				
26	Other ( EVENT SIGNS )	X	1	,	COMPARABLE SALES				
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organiz	ration during	the tax year for co	ontributions					
	for which the organization completed Form 828						0		
			ence / termenceg				Yes	No	
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	nh 28, that it				
	must hold for at least three years from the date		•••••						
	exempt purposes for the entire holding period?		-			30a		х	
h	If "Yes," describe the arrangement in Part II.					000			
31									
	Does the organization hire or use third parties of		•	•		31	X		
JLa	contributions?		•	· · ·		32a		x	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule N	l (Forn	n 990)	2021	

18060812 701245 133295.300

<u>Schedule M</u>	(Form 990) 2021 PEDAL THE CAUSE	27-2233336	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30I is reporting in Part I, column (b), the number of contributions, the number of items receipt this part for any additional information.	b, 32b, and 33, and whether the organiz ived, or a combination of both. Also con	ation nplete
CHEDULE	M, PART I, COLUMN (B):		
HE ORGAN	NIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.		
32142 11-17-2	21	Schedule M (For	n 990) 202

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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

Employer identification number 27-2233336

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

PEDAL THE CAUSE FUNDS HAVE BEEN INSTRUMENTAL IN OBTAINING SPORE

PEDAL THE CAUSE

(SPECIALIZED PROGRAMS OF RESEARCH EXCELLENCE) GRANTS IN LEUKEMIA AND

PANCREATIC CANCER, WHICH LEAD A NATIONAL GROUP OF EXPERTS IN

COLLABORATIVE RESEARCH. PEDAL THE CAUSE FUNDED CLINICAL TRIALS ARE A

KEY COMPONENT OF THE ROBUST CLINICAL TRIAL PROGRAM AT SITEMAN CANCER

CENTER, WHICH RANKS AS THE LARGEST CANCER CLINICAL TRIALS PROGRAM IN

THE MIDWEST AND ONE OF THE LARGEST IN THE COUNTRY.

FOR EVERY \$1 PEDAL THE CAUSE DONATES TO CANCER RESEARCH, RESEARCHERS

HAVE SUCCESSFULLY ATTRACTED SIGNIFICANT ADDITIONAL FEDERAL FUNDING TO

FURTHER THEIR RESEARCH, AVERAGING \$7 FOR EVERY \$1 INITIAL AWARD. IN

2022, FOUR PROJECTS LEVERAGED AN ADDITIONAL \$12 FOR EACH \$1 ORIGINALLY

AWARDED BY PEDAL THE CAUSE. THESE PROJECTS ATTRACTED AN ADDITIONAL

\$9.2M IN NATIONAL CANCER INSTITUTE (NCI) GRANTS TO FURTHER THEIR

IMPACTFUL RESEARCH BASED ON THEIR INITIAL \$770,000 OF PEDAL THE CAUSE

AWARDS.

SIGNIFICANT 2019 FOLLOW ON FUNDING INCLUDED:

- \$2.2M NCI GRANT FROM \$400,000 2016 PEDAL THE CAUSE AWARD

- \$1.9M NATIONAL INSTITUTE OF HEALTH GRANT FROM \$200,000 2017 PEDAL

THE CAUSE AWARD

- \$1.8M NCI GRANT FROM \$400,000 2017 PEDAL THE CAUSE AWARD

FORM 990, PART VI, SECTION A, LINE 2:

LYNDA MCCLURE (DIRECTOR) AND MICHAEL CHRISTIAN (DIRECTOR) HAVE A FAMILY

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

Schedule O (Form 990) 2021

Schedule O (F	orm 990) 2021
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Name of the organization

PEDAL THE CAUSE

RELATIONSHIP WITH EACH OTHER.

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

FORM 990 IS INITIALLY PREPARED BY THE OUTSIDE ACCOUNTING FIRM. A DRAFT

COPY OF THE RETURN IS PROVIDED TO MANAGEMENT FOR REVIEW. CHANGES, IF ANY,

ARE DISCUSSED AND A FINAL COPY OF FORM 990 IS PRESENTED TO THE FINANCE

COMMITTEE FOR REVIEW. UPON REVIEW BY THE FINANCE COMMITTEE, A COPY OF FORM

990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO

FILING WITH IRS.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS AND OFFICERS OF

PEDAL THE CAUSE, AND ANY OTHER PERSON WHO IS IN A POSITION TO EXERCISE

SUBSTANTIAL INFLUENCE OVER THE DECISIONS AND AFFAIRS OF THE CORPORATION.

EACH COVERED PERSON WILL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON

1) HAS RECEIVED A COPY OF THE POLICY;

2) HAS READ AND UNDERSTANDS THE POLICY;

3) HAS AGREED TO COMPLY WITH THE POLICY; AND

4) UNDERSTANDS THAT THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX

AND TO MAINTAIN ITS FEDERAL TAX EXEMPTION THE CORPORATION MUST ENGAGE

PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT

PURPOSES.

TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH ITS

TAX-EXEMPT PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD

JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX,

THE BOARD WILL CONDUCT PERIODIC REVIEWS. THE PERIODIC REVIEWS WILL, AT A

MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization PEDAL THE CAUSE	Employer identification number 27-2233336
1) WHETHER THE CORPORATION'S COMPENSATION ARRANGEMENTS ARE REASONABLE,	
BASED ON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARM'S-	
LENGTH BARGAINING;	
2) WHETHER TRANSACTION AND ARRANGEMENTS WITH OTHER ENTITIES AND	
INDIVIDUALS CONFORM TO THE CORPORATION'S POLICIES, ARE PROPERLY	
RECORDED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER	
THE CORPORATION'S TAX-EXEMPT PURPOSES AND DO NOT RESULT IN PRIVATE	
INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT, OR IN AN EXCESS BENEFIT	
TRANSACTION.	
WHEN CONDUCTING REVIEWS, THE BOARD SHOULD RELY ON APPROPRIATE OUTSIDE	
EXPERTS (ATTORNEYS, APPRAISERS, OR COMPENSATION OR OTHER CONSULTANTS).	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION OF THE EXECUTIVE DIRECTOR IS APPROVED BY THE EXECUTIVE	
COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION ADDRESSES REQUESTS TO VIEW GOVERNING DOCUMENTS, THE	
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ON A CASE BY CASE	
BASIS.	
FORM 990, PART XII, LINE 2C:	
YES, THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR	
OVERSIGHT OF THE AUDIT. THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT	
PROCESS OR SELECTION PROCESS DURING THE CURRENT TAX YEAR.	

132212 11-11-21

Schedule O (Form 990) 2021