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ARMANINO LLP

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

Form 990

Department of the Treasury Internal Revenue Service

Т

** 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.



AI	For th	e 2022 calendar year, or tax year beginning and	ending		
	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	e PEDAL THE CAUSE			
	Name chang			27-2233336	
	Initial		Room/suite	E Telephone number	r
	Final returr	9288 DIELMAN INDUSTRIAL DRIVE		314.787.1990	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,486,156.
	Amer	SI. LOUIS, MO 03132		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: DAVID DAILAR	for subordinates	? Yes 🗴 No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
_	Websi			H(c) Group exemptio	n number
		organization: X Corporation Trust Association Other	L Year of	of formation: 2010	State of legal domicile: MO
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO CON		NNUAL FUNDRAISING	3
anc		BIKE CHALLENGE TO RAISE AWARENESS AND FUNDS FOR CANCER RESEA	-		
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more		
Š	3				26
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			26
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			402
tivit	6	Total number of volunteers (estimate if necessary)			402 0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,600,457.	6,030,969.
Revenue	9	Program service revenue (Part VIII, line 2g)		309,594.	334,480.
vel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	20,685.
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,109.	-40,796.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,926,160.	6,345,338.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,180,536.	4,543,878.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		678,141.	844,391.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	٥.
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line 25) 1,846,	777.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		996,601.	1,271,782.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,855,278.	6,660,051.
	19	Revenue less expenses. Subtract line 18 from line 12		70,882.	-314,713.
S OF			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		1,931,187.	1,636,567.
3t As	-	Total liabilities (Part X, line 26)		179,075.	199,168.
Ž	22 21	Net assets or fund balances. Subtract line 21 from line 20		1,752,112.	1,437,399.
	art II	Signature Block		ate and to the base of	

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

Sign	Signature of offi	cer	Da	ate					
Here	DAVID DRIER	, EXECUTIVE DIRECTOR							
	Type or print na	me and title							
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN			
Paid	JENNIFER M. VACHA		JENNIFER M. VACHA	09/13/23	self-employed	P01251998			
Preparer	Firm's name	ARMANINO LLP		Fi	Firm's EIN 94-6214841				
Use Only	Firm's address	1520 S. FIFTH STREET, SUI	TE 309						
		ST. CHARLES, MO 63303		PI	10ne no.636-25	5 - 3000			
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No		
						000	·		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	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:		11
	OUR MISSION IS TO PROVIDE FUNDING FOR CANCER RESEARCH AT SITEMAN		
	CANCER CENTER AND SITEMAN KIDS AT 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		
_	prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a		e\$3	56,183.
	IN 2022, OVER 3,200 ADULTS AND CHILDREN PARTICIPATED IN PEDAL THE		
	CAUSE, SUPPORTED BY 400 VOLUNTEERS, WHO TOGETHER RAISED OVER \$4.5		
	MILLION TO FUND CANCER RESEARCH. OVER THE PAST 13 YEARS, PEDAL THE		
	CAUSE HAS CUMULATIVELY DONATED \$40.8 MILLION - SUPPORTING 203 ADULT AND		
	PEDIATRIC CANCER 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, IMMUNOTHERAPY HARNESSING OUR BODY'S 'NATURAL KILLER' CELLS AND CUTTING-EDGE RESEARCH		
	IN THE UNDERSTANDING OF CANCER STEM-CELLS.		
	(SEE SCHEDULE O)		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	
4d	Other program services (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4d 4e)	
	(Expenses \$ including grants of \$) (Revenue \$) Form	990 (2022

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Par	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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D D		11b		x
-	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>			
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	<u> </u>
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,			
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		146		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	14b		<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,			1
	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	Х	
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
	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			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	1
000000	·			(2022)
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4 2022.04020 PEDAL THE CAUSE

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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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	-		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Par	τν	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			1 1		Yes	No
2a	Ente	er 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 8			
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	<u> </u>
3a	Did t	the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	lf "Y	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other a				
	finar	ncial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b		es," enter the name of the foreign country				
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
c		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou		contributions that were not tax deductible as charitable contributions?	-	6a		x
h		es," did the organization include with every solicitation an express statement that such contribution				
D			•	Gh		
7				<u>6b</u>		
7	-	anizations that may receive deductible contributions under section 170(c).		7.		x
a		he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	'	
		es," did the organization notify the donor of the value of the goods or services provided?		7b		
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
		e Form 8282?		7c		X
d	lf "Y	es," indicate the number of Forms 8282 filed during the year	7d			
е	Did t	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did t	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the	e organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	spor	nsoring organization have excess business holdings at any time during the year?		8		
9	Spo	nsoring organizations maintaining donor advised funds.				
а	Did t	the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did t	the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Sect	tion 501(c)(7) organizations. Enter:				
а		ation fees and capital contributions included on Part VIII, line 12	10a			
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		tion 501(c)(12) organizations. Enter:	· ·			
а		ss income from members or shareholders	11a			
b		ss income from other sources. (Do not net amounts due or paid to other sources against		1		
-		unts due or received from them.)	11b			
12a		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		es," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13		tion 501(c)(29) qualified nonprofit health insurance issuers.				
		e organization licensed to issue qualified health plans in more than one state?		13a		
а				154		
L.		e: See the instructions for additional information the organization must report on Schedule O.				
D		er the amount of reserves the organization is required to maintain by the states in which the	405			
		inization is licensed to issue qualified health plans	13b	-		
		er the amount of reserves on hand	13c			v
14a				14a		X
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	exce	ess parachute payment(s) during the year?		15		X
	lf "Y	es," see the instructions and file Form 4720, Schedule N.				
16	Is th	e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	lf "Y	es," complete Form 4720, Schedule O.				
17	Sect	tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that	would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		es," complete Form 6069.				
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and f	or a "No	" res	pons	e
	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						
				_	Y	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		26			
	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		26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2	2 2	x	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3	;		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			····			Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	;		Х
6	Did the organization have members or stockholders?			6	;		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			7:	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			. 71	5		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
а	The governing body?			. 8	a ²	x	
b	Each committee with authority to act on behalf of the governing body?			81	5 2	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9)		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)				
				_	Y	es	No
10a	Did the organization have local chapters, branches, or affiliates?			10	a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10	b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	? 11	a 2	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			12		x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	b 2	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	on Schedule O how this was done			. 12		x	
13	Did the organization have a written whistleblower policy?			1:	-	x	
14	Did the organization have a written document retention and destruction policy?			14	4 2	x	
15	Did the process for determining compensation of the following persons include a review and approva	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15	a ¹	x	
b	Other officers or key employees of the organization			15	b	_	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 arrangen	nent w	ith a				
	taxable entity during the year?			. 16	a		Х
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	izatior	's				
	exempt status with respect to such arrangements?			16	b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedNONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	-T (section 501(c)(3)s onl	y) ava	ailab	le
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy,	and fina	ancia	I	
	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	l records				
	THE ORGANIZATION - 314.787.1990						
	9288 DIELMAN INDUSTRIAL DRIVE, ST LOUIS, MO 63132				_		
232006	12-13-22			Fo	orm 9	90 (2022)
	7	_					
809	13 701245 133295.300 2022.04020 PEDAL TH	E CZ	AUSE			133	329

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Form 990 (2022)	PEDAL THE CAUSE	27-2233336	Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Employees, Hig	phest Compensated	
Employe	ees, and Independent Contractors		
Check if S	Schedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employed	es	
 List all of the org 	le for all persons required to be listed. Report compensation for the calendar ye ganization's current officers, directors, trustees (whether individuals or organiz)), (E), and (F) if no compensation was paid.	5	,
 List all of the org 	ganization's current key employees, if any. See the instructions for definition of	f "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, box 6 of 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	not c	Pos	itior		ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) DAVID DRIER	40.00		-							
EXECUTIVE DIRECTOR				х				202,631.	0.	24,864.
(2) ASHLEY SAITTA	40.00									
DIRECTOR OF OPERATIONS & COMM. EVENT						x		117,261.	0.	19,732.
(3) WILLIAM TIMMONS	3.00									
PRESIDENT		X		X				٥.	0.	0.
(4) EMILY CALLAHAN	2.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(5) RENEE VAN HORN	2.00									
SECRETARY		Х		х				0.	0.	0.
(6) JIM STARR	2.00									
TREASURER		Х		х				0.	0.	0.
(7) BRICE ADAMSON	1.00									
DIRECTOR (THRU 08/22)		Х						0.	0.	0.
(8) ED ALIZADEH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BRIAN ASHWORTH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JOE BERGER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) STEVE CALLAHAN	1.00									
DIRECTOR (THRU 11/22)		Х						0.	0.	0.
(12) MICHAEL CHRISTIAN	1.00									
DIRECTOR (THRU 05/22)		Х						0.	0.	0.
(13) RYAN FIELDS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BART FRENCH	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAIN GIESIE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JUDY GLIK	1.00									
DIRECTOR		х						0.	0.	0.
(17) GEORGE GODAT	1.00									
DIRECTOR (THRU 03/22)		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) PEDAL THE CAU									27-22333.	36	P	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	ss per	ition more rson i	than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimate mount other	of
	(list any hours for related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f orç ar	npensa rom th ganizat Id relat anizati	ne tion ted
(18) BILL GREUBEL DIRECTOR	1.00	x						0.	0.			0.
(19) TERI GRIEGE	1.00											
DIRECTOR		х						0.	0.			Ο.
(20) MARY HENDRICKS-HARRIS	1.00											
DIRECTOR (THRU 05/22)		х						0.	0.			Ο.
(21) MARK MANNING	1.00											
DIRECTOR		х						0.	0.			0.
(22) LYNDA MCCLURE	1.00											
DIRECTOR (THRU 05/22)		х						0.	0.			0.
(23) JEAN MCDONALD	1.00											
DIRECTOR		х						0.	0.			0.
(24) PETER MITCHELL	1.00											
DIRECTOR		х						0.	0.			0.
(25) RICK MOECKEL	1.00											
DIRECTOR		x						0.	0.			Ο.
(26) DAVID MOONS	1.00											
DIRECTOR		х						0.	0.			0.
1b Subtotal								319,892.	0.		44,	596.
c Total from continuation sheets to Part VI	. Section A							0.	0.			0.
d Total (add lines 1b and 1c)								319,892.	0.		44,	596.
 2 Total number of individuals (including but no compensation from the organization 								eceived more than \$100,0	000 of reportable			2
											Yes	No
3 Did the organization list any former officer,	,	,				·	0		,	3		x
line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> 4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from th	ne organization	3		
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fr	oma	any	unre	late	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	oers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compensa	ation fr	om	
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)			C)	
Name and business	address						_	Description of s	ervices	Compe	ensatio	on
BIG SHARK												
1155 BIG BEND, SAINT LOUIS, MO 63117								COURSE MANAGEMENT			150,	,000.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	nitec	to t		e lis 1	ted	above) who received mo	ore than			
SEE PART VII, SECTION A CONTINU		TS								Form	990 ((2022)
, 232008 12-13-22											`	、 <i>-</i> ,

		npic	yee			lighe	est (Compensated Employe	, ,	
(A)	(B)) Dec				(D)	(E)	(F)
Name and title	Average hours per	(cl	neck		ition that		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organizatior and related organization
27) DAVID PECKINPAUGH DIRECTOR (THRU 03/22)	1.00	x						0.	0.	
(28) MICHAEL SCHWARTZ	1.00	Δ						· ·	0.	
DIRECTOR	1.00	x						0.	0.	
(29) EMERY SKOLFIELD	1.00									
DIRECTOR		Х						0.	0.	
(30) SHANE SPEARS DIRECTOR	1.00	x						0.	0.	
(31) NICOLE STUBBLEFIELD	1.00							`.	••	
DIRECTOR		х						0.	0.	
(32) BRAD VERDIGETS	1.00									
DIRECTOR		х						0.	0.	
(33) THEODORE WHEELER	1.00									
DIRECTOR		Х						0.	0.	
(34) PETE WYATT	1.00									
DIRECTOR		Х						0.	0.	
(35) DAVID YONCE	1.00									
DIRECTOR		Х						0.	0.	
	•	•								

232201 04-01-22

		(2022) PEDAL THE CAUSE			27-223333	6 Page 9
Pa	rt V	III Statement of Revenue				
		Check if Schedule O contains a response or note to any lin	ie in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				function revenue	business revenue	from tax under sections 512 - 514
		- Federated - constructions				Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	18	a Federated campaigns 1a	-			
ng G						
fts,		c Fundraising events 1c 70,000. d Related organizations 1d	-			
nila n		e Government grants (contributions) 1e 208,134.	1			
Sir	1	f All other contributions, gifts, grants, and				
buti		similar amounts not included above 1f 5,752,835.				
d Ori	ļ	g Noncash contributions included in lines 1a-1f 1g \$ 103,075.				
a C		h Total. Add lines 1a-1f	6,030,969.			
		Business Code				
e	2 8	a RIDER REGISTRATION FEE 900099	334,480.	334,480.		
Program Service Revenue		b				
n Si	(c				
jran Rev		d				
roc						
"		f All other program service revenue	334,480.			
	3	g Total. Add lines 2a-2f Investment income (including dividends, interest, and	551,100.			
	5	other similar amounts)	20,685.			20,685.
	4	Income from investment of tax-exempt bond proceeds	,			
	5	Royalties				
		(i) Real (ii) Personal				
	6 8	a Gross rents 6a]			
	1	b Less: rental expenses 6b				
		c Rental income or (loss) 6c				
		d Net rental income or (loss)				
	7 ;	a Gross amount from sales of (i) Securities (ii) Other	-			
		assets other than inventory 7a 33,075.	-			
	I	b Less: cost or other basis				
evenue		and sales expenses 7b 33,075. c Gain or (loss) 7c 0.	-			
eve		c Gain or (loss) 7c 0. d Net gain or (loss)	0.			
R R		a Gross income from fundraising events (not				
Other F	00	including \$70,000. of				
Ŭ		contributions reported on line 1c). See				
		Part IV, line 18				
	- 1	b Less: direct expenses 8b 70,000.				
	(c Net income or (loss) from fundraising events	-62,499.			-62,499.
	9 a	a Gross income from gaming activities. See				
		Part IV, line 19 9a	4			
	I	b Less: direct expenses 9b				
		c Net income or (loss) from gaming activities				
	10 a	a Gross sales of inventory, less returns				
		and allowances 10a 59,446.	-			
			21,703.	21,703.		
-		c Net income or (loss) from sales of inventory Business Code	21,703.	21,703.		
sne	11 :					
nea		a				
Miscellaneous Revenue		c				
л В		d All other revenue				
Σ		e Total. Add lines 11a-11d				
	12	Total revenue. See instructions	6,345,338.	356,183.	0.	-41,814.
232009	9 12-1	3-22				Form 990 (2022)

PEDAL THE CAUSE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		enperioes	general expenses	expenses
•	and demostic neuronements. Cas Dant IV/ line Of	4,543,878.	4,543,878.		
2	Grants and other assistance to domestic	-,,	-,,		
2					
3	Grants and other assistance to foreign				
0	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,				
5	trustees, and key employees	227,495.		77,448.	150,047
6	Compensation not included above to disqualified	,			
0					
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		516,754.		53,312.	463,442
	Other salaries and wages	510,754.			105,112
8	Pension plan accruals and contributions (include	6,000.		1,020.	4 980
9	section 401(k) and 403(b) employer contributions)	39,367.		2,454.	4,980 36,913 45,463
	Other employee benefits	54,775.		9,312.	15 /63
10	Payroll taxes	54,775.		5,512.	45,400
11	Fees for services (nonemployees):				
	Management	121.		121.	
		73,264.		73,264.	
	Accounting	/3,204.		75,204.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	200		200	
	column (A), amount, list line 11g expenses on Sch 0.)	200.		200.	120 522
	Advertising and promotion	132,533.		4 514	132,533
13	Office expenses	23,756.		4,514.	19,242
14	Information technology	58,220.		11,062.	47,158
15	Royalties	45.005		0.500	26.610
16	Occupancy	45,207.		8,589.	36,618
17	Travel	10,424.			10,424
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	5,833.		1,108.	4,725
23	Insurance	26,392.		26,392.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	005 222			005 000
a	EVENT AND DEVELOPMENT	895,232.		<u> </u>	895,232
b	UNCOLLECTED RECEIVABLES	600.		600.	
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,660,051.	4,543,878.	269,396.	1,846,777
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

232010 12-13-22

Check here

if following SOP 98-2 (ASC 958-720)

12 2022.04020 PEDAL THE CAUSE

133295.1

				beginning of year		End of year
1	Cash - non-interest-bearing			911,437.	1	200.
2	Savings and temporary cash investments		2	772,948.		
3	Pledges and grants receivable, net		963,597.	3	611,714.	
4	Accounts receivable, net		37,030.	4	68,580.	
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, sub					
	controlled entity or family member of any of the	ese persons			5	
6	Loans and other receivables from other disgua					
	under section 4958(f)(1)), and persons describe	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
ω 7	Notes and loans receivable, net				7	
Assets 0 8 /	Inventories for sale or use				8	
₹ 9	Prepaid expenses and deferred charges			2,250.	9	15,060
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	77,047.			
k	b Less: accumulated depreciation		52,774.	16,873.	10c	24,273
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		٥.	15	143,792	
16	Total assets. Add lines 1 through 15 (must eq		1,931,187.	16	1,636,567	
17	Accounts payable and accrued expenses		46,667.	17	54,348	
18	Grants payable			18		
19		Deferred revenue			19	
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete		21			
ω 22	Loans and other payables to any current or for					
	trustee, key employee, creator or founder, sub	stantial contribu	tor, or 35%			
	controlled entity or family member of any of the	ese persons			22	
ے 23 ا	Secured mortgages and notes payable to unre		23			
24	Unsecured notes and loans payable to unrelate		132,408.	24	0	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line					
	of Schedule D			0.	25	144,820
26				179,075.	26	199,168.
	Organizations that follow FASB ASC 958, ch	eck here	X			
Sel	and complete lines 27, 28, 32, and 33.					
E 27	Net assets without donor restrictions			719,911.	27	753,100
28	Net assets with donor restrictions			1,032,201.	28	684,299
	Organizations that do not follow FASB ASC					
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current fund			29		
j 30	Paid-in or capital surplus, or land, building, or e			30		
x 31	Retained earnings, endowment, accumulated i				31	
Net Assets of Fund balance 88 88 88 90 90 91 91 31 32 33 33	Total net assets or fund balances			1,752,112.	32	1,437,399
33				1,931,187.	33	1,636,567.

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

12080913 701245 133295.300

232011 12-13-22

(B) End of year

(A) Beginning of year

Form 990 (2022)
Part X Balance Sheet

Form	1990 (2022) PEDAL THE CAUSE	27-2233336		Pad	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	345,	338.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,	660,	051.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	314,	713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	752,	112.
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			٥.
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,	437,	399.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na			
	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?	L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	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 a	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

(Form 990)

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
2022
Open to Public

nternal Revenue Service					Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection	
Nan	ne of	f the	e organizati	on						Employer	identification nun	nbe
D -		_	D		THE CAUSE						27-2233336	
Ра	rt I		Reason	for Public C	Sharity Status.	(All organizations must c	complete th	nis part.) S	ee instructior	IS.		
The	orga	aniza	ation is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A	church, co	nvention of chu	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).			
2		A	school des	cribed in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990).)					
3				•		anization described in s e						
4		A	medical res	search organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name	э,
		С	ity, and state	e:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		s	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A	federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X] A	n organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in	
		S	ection 170(b)(1)(A)(vi). (C	omplete Part II.)							
8] A	community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9] A	n agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		0	r university o	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		u	niversity:									
10] A	n organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts fro	m
		a	ctivities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investme	ent
		in	ncome and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	fter June 30, 1975.	
		S	ee section	509(a)(2). (Cor	mplete Part III.)							
11] A	n organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12] A	n organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		m	nore publicly	supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on	
		lir	nes 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а			Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
			the support	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
			organizatio	n. You must c	omplete Part IV, Se	ections A and B.						
b			Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring	
			control or n	nanagement o	f the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	oorted	
			organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С			Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,	
			its supporte	ed organizatior	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.			
d			Type III no	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)	
			that is not f	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
	_		requiremen	nt (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.			
е			Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
			functionally	/ integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	En	nter t	the number	of supported o	organizations							
g	Pr			0	about the supporte	<u> </u>	(iv) is the orac	anization listed				
		(I) P	Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10		ing document?	(v) Amount o support (see ir	-	(vi) Amount of oth support (see instruct	
			organization	1		above (see instructions))	Yes	No	support (see ii	istructions	support (see instruct	
Tota									1		1	

Schedule A	(Form	990)	2022

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Page **2**

						i age z		
art II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)								
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organ								
fails to qualify under the tests	listed below, pleas	se complete Part II	l.)					
Section A. Public Support								
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 	5,813,619.	6,093,073.	5,392,046.	5,604,297.	6,030,969.	28,934,004.		

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						
4	Total. Add lines 1 through 3	5,813,619.	6,093,073.	5,392,046.	5,604,297.	6,030,969.	28,934,004.
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)						1,258,479.
6	Public support. Subtract line 5 from line 4.						27,675,525.

6 Public support. Subtract line 5 Section B. Total Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5,813,619.	6,093,073.	5,392,046.	5,604,297.	6,030,969.	28,934,004.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					20,685.	20,685.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						28,954,689.
12	Gross receipts from related activities,	etc. (see instructio	ins)			12	1,900,683.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95.58 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	95.36 %
	33 1/3% support test - 2022. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization	-	
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	<u>oox on line 13,</u> 16a	a <u>, 16b, 17a, or</u> 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2022

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					·
0	check this box and stop here						
	ction C. Computation of Publ					T .= T	
	Public support percentage for 2022 (•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	•					47	0/
17	Investment income percentage for 20					17	<u> </u>
18	Investment income percentage from			an line 14 and lin		18	%
198	33 1/3% support tests - 2022. If the	-					
	more than 33 1/3%, check this box at 22 1/2% augment tests 2021. If the						
D	33 1/3% support tests - 2021. If the	•					·
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization 23 12-09-22	AT UIU HOL CHECK a		a, or too, check t	This bux and see In		 lule A (Form 990) 2022
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion of type in oupporting organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). 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		163	
•	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 instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
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				
	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	OF.		
2	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 "Veg" as "Ne" availed datails in Part VI	3a		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Yes No

Part IV Supporting Organizations (continued)

Schedule A (Form 990) 2022

11	Has the o	rganiz	ation	accepte	ed a gi	ft or c	contribut	tion from	n any (of the	followir	ng pers	ions?	?
		-												

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chedule A (Form 990) 2022 PEDAL THE CAUSE			27-2233336 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supportir			-
1 Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructions.
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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instructions).

Sche	dule A (Form 990) 2022 PEDAL THE CAUSE				27-2233336	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	led)		
Sect	on D - Distributions		1		Current Y	'ear
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	3	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	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022		HE 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 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V V, Section E, lines 2, 5, and 6. Also complete this part fo	tion B, lines 1 and 2; Part IV, Sectior , line 1; Part V, Section B, line 1e; Pa	ıC,
232028 12-09-2	2			Schedule A (Form S	990) 2022
			22		

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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

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tion number

Name of the organization	1	Employer identificat
1	PEDAL THE CAUSE	27-2233336
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
<u></u>		
Check if your organizatio	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 Rule. 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

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

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

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

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

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

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
PEDAL TH	E 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) ns Type of contribution
1		\$333,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$150,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3			A08. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
223452 11-15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page 3
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	t.
(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 estimat (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	
		 \$	
223453 11-15	5-22		Schedule B (Form 990) (2022)

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Schedule B	(Form	990)	(2022)	

Page 4

Name of c	organization		Employer identification number
יז גרוזכ	HE CAUSE		27-2233336
Part III	Exclusively religious, charitable, etc., contribut		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or l	y. For organizations ess for the year. (Enter this info. once.)
(a) No	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t I
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			(d) Description of now git is held
		(e) Transfer of gift	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			[
		(e) Transfer of gift	· · · · · · · · · · · · · · · · · · ·
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>
	Transforma's name address		
	Transferee's name, address, a	liiu ∠IF + +	Relationship of transferor to transferee
223454 11-1	15-22		Schedule B (Form 990) (2022

12080913 701245 133295.300

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)

Department of the Treasury

Protection of natural habitat Preservation of open space

a Total number of conservation easements

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service	Go to www.irs.gov/For
Name of the organization	

Nam	ne of the organization			Employer identification	number
	PEDAL THE CAUSE			27-2233336	
Pa	rt I Organizations Maintaining Donor Advised	Funds or Othe	er Similar Funds or Ac	counts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	6.			
		(a) Donor a	dvised funds (b) Funds and other account	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 w	riting that the asse	ts held in donor advised fund	Is	
	are the organization's property, subject to the organization's ex	xclusive legal cont	ol?	Yes	No No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing the	at grant funds can be used or	nly	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or f	or any other purpose conferri	ng	
	impermissible private benefit?				🗌 No
Pa		anization answered	"Yes" on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a histo	rically important land area	
	Protection of natural habitat	,	Preservation of a certif	fied historic structure	
	Broconvetion of open appeal				

2a

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nserva	tion easement on the last
	day of the tax year.		Held at the End of the Tax Year

b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)((i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes the
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990. Part VIII. line 1	\$

232051	09-01-22	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VII, line 1	ъ

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2022.04020	PEDAL	THE	CAUSE

Sche	dule D (Form 990) 2022 PEDAL THE (27-223			age 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	[·] Other	[.] Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	i 🗌	Loan or exc	hange progra	m					
b	Scholarly research	e	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hi	storical trea	sures, or othe	r similar	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" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	table:					A		
									Amoun	τ	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance								Yes		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.						LY ?	······ L			No
	rt V Endowment Funds. Complete						0				
		(a) Current year		Prior year	(c) Two year			/ears back	(e) Fou	r vears	back
1a	Beginning of year balance		,	j			<u>, , ,</u>			<u> </u>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	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	е				
	organization 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 to the total tended uses of tended uses of the total tended uses of t		wment f	funds.							
Fai	Complete if the organization answere		Dort IV	/ line 11e C	Soo Form 000	Dort V	lino 10				
					,			.	()		
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	ccumulate preciation	ed	(d) Boo	k valu	е
4-	Land		пенц	Dasis		ue	JICCIALION				
	Land										
b	Buildings										
	Leasehold improvements										
	Equipment				77,047.		52	774.		2.4	273.
	Other		V octor	 nn (D) ling 1							273.
TOLA	I. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	<u>∧, coiun</u>	<u>וווו (ש), ווne 1</u>	UC.J						

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) RIGHT-OF-USE ASSET			143,792.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		143,792.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			144,820.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			144,820.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 PEDAL THE CAUSE			27-2233336	Page 4
Par	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	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,555,457.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	102,376.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	107,743.		
е	Add lines 2a through 2d			2e	210,119.
3	Subtract line 2e from line 1			3	6,345,338.
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 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,345,338.
Par	t XII Reconciliation of Expenses per Audited Financial Stat	tements With E	xpenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	6,870,170.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	102,376.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	107,743.		
е	Add lines 2a through 2d			2e	210,119.
3	Subtract line 2e from line 1			3	6,660,051.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,660,051.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informa	tion.		
PART	X, 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	NUE CODE.				
THE	ORGANIZATION HAS ADDRESSED THE PROVISIONS OF ASC 740, ACCO	OUNTING FOR			
TNOO					
TICO	ME TAXES. IN THAT REGARD, THE ORGANIZATION HAS EVALUATED I				

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.

Schedule D (Form 990) 2022 Part XIII Supplemental Inform	PEDAL THE CAUSE		27-2233336	Page 5
Part XIII Supplemental Inform	lation (continued)			
PART XI, LINE 2D - OTHER ADJUS				
RECLASS OF COST OF GOODS SOLD	AGAINST INCOME	37,743.		
RECLASS OF DIRECT FUNDRAISING	EXPENSES AGAINST INCOME			
TOTAL TO SCHEDULE D, PART XI,	LINE 2D			
PART XII, LINE 2D - OTHER ADJU	STMENTS:			
RECLASS OF COST OF GOODS SOLD		37,743.		
RECLASS OF DIRECT FUNDRAISING				
TOTAL TO SCHEDULE D, PART XII,	LINE 2D	107,743.		
-				
			Schedule D (Form	990/ 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2022					
Department of the Treasury Internal Revenue Service		Attach to Form 990 c				_		Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest information	า.	Emplover i	dentification number
	PEDAL THE (CAUSE					27-2233	
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 1	7. Form 990-I	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	-	Y	es 🗌 No be
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
Total				1				
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

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PEDAL THE CAUSE

27-2233336 Page **2**

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

			(a) Event #1 PTC WEEKEND (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
ne				(event type)	(lotal humber)	
Revenue	1	Gross receipts	77,501.			77,501.
ш	2	Less: Contributions	70,000.			70,000.
	3	Gross income (line 1 minus line 2)	7,501.			7,501.
	4	Cash prizes				
(5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	70,000.			70,000.
Di	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			70,000.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			-62,499.
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
nue		. , :, ···- ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				

S	2	Cash prizes												
Direct Expenses	3	Noncash prizes												
rect Ex	4	Rent/facility costs												
Ō	5	Other direct expenses												
	6	Volunteer labor] Yes] No	%		Yes No	%		Yes_ No		%		
	 7 Direct expense summary. Add lines 2 through 5 in column (d) 													
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)													
9														
										No No				
-		· · · · · · · · · · · · · · · · · · ·												
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:													

232082 10-27-22

Schedule G (Form 990) 2022

Scł	nedule G (Form 990) 2022	PEDAL THE CAUSE	27-22	33336	Page 3
	Is the organization a grantor, bene	ming activities with nonmembers?		Yes	No
13	to administer charitable gaming? Indicate the percentage of gaming	activity conducted in:		Yes	No
				13a	%
				13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records:	:		
	Name				
	Address				
15	a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	No No
I	b If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amou	unt		
	of gaming revenue retained by the	e third party \$			
	c If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
	a Is the organization required under retain the state gaming license?	state law to make charitable distributions from the gaming proceeds to required under state law to be distributed to other exempt organizations or spent in		Yes	No
	organization's own exempt activit				
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a applicable. Also provide any additional information. See instructions.	nd Part	III, lines 9,	9b, 10b,
2320	083 10-27-22	35	Schedul	e G (Form	990) 2022

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Partiv	Supplemental Information (continued)	
	S	chedule G (Form 990)

Schedule G (Form 990)

232084 04-01-22

SCHEDULE IGrants and Other Assistance to Organizations,(Form 990)Governments, and Individuals in the United States								
		ete if the organizatio					2022	
Department of the Treasury			Attach to Form				Open to Public	
Internal Revenue Service		Go to www.ir	s.gov/Form990 for	the latest information	ation.		Inspection	
Name of the organization PEDAL THE	CAUSE						Employer identification number 27-2233336	
Part I General Information on Gran	ts and Assistance							
1 Does the organization maintain reco criteria used to award the grants or a		0		• • •	for the grants or assis		on 🔀 Yes 🗌 No	
2 Describe in Part IV the organization's	s procedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance recipient that received more th	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
SITEMAN KIDS AT STL CHILDREN'S HOSPITAL (STL CHILDREN'S HOSP. FOUND.) - 1001 HIGHLANDS PLAZA		E01(0)(2)	1 202 102				CURRENT CANCER RECEIPCU	
WEST #160 - ST. LOUIS, MO	43-1626863	501(C)(3)	1,363,163.	0.			SUPPORT CANCER RESEARCH	
SITEMAN CANCER CENTER (FOUNDATI								
FOR BARNES JEWISH HOSP.) - 1001 HIGHLANDS PLAZA DR WEST #140 -								
LOUIS, MO 63110-1337	43-1648435	F(1/C)/2	3,180,715.	0.			SUPPORT CANCER RESEARCH	
LOUIS, MO 83110-1337	45-1040455	501(C)(3)	5,100,715.	0.			SUPPORT CANCER RESEARCH	
 2 Enter total number of section 501(c) 3 Enter total number of other organiza 	., .	5	l le line 1 table			<u> </u>	2.	

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

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

Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	ne 2; Part III, column	ı (b); and any other ac	ditional information.					
PART I, LINE 2:									
PEDAL THE CAUSE (PTC) MAINTAINS RECORDS TO SUBSTANT	FIATE THE AMO	DUNT OF							
ASSISTANCE AWARDED. PTC PROVIDES FUNDING TO SITEMA	AN CANCER CEN	VTER (THROUGH							
BARNES JEWISH HOSPITAL FOUNDATION) AND SITEMAN KIDS	S AT ST. LOUI	IS CHILDREN'S							
DSPITAL (THROUGH THE ST. LOUIS CHILDREN'S HOSPITAL FOUNDATION). BOTH									

(c) Amount of

cash grant

38

(d) Amount of non-

cash assistance

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

PEDAL THE CAUSE

ORGANIZATIONS CONDUCT CANCER RESEARCH AND ARE RECOGNIZED AS TAX-EXEMPT

PRESENTLY FUND CANCER RESEARCH BY OTHER ORGANIZATIONS.

ORGANIZATIONS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). PTC DOES NOT

(a) Type of grant or assistance

Schedule I (Form 990) 2022

(f) Description of noncash assistance

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

SC	CHEDULE J Compensation Information			OMB No. 1545-0047			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic	
	al Revenue Service ne of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id			mbor	
man		PEDAL THE CAUSE		33336	Jii nui	libei	
Pa	rt I Question	s Regarding Compensation	21 22	55550			
	duootion.				Yes	No	
1a	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103		
		line 1a. Complete Part III to provide any relevant information regarding these items.	,				
	First-class or c		nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
		ation and gross-up payments	s				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1 b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
_							
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
		compensation consultant Compensation survey or study ther organizations X					
		ther organizations X Approval by the board or compensation of	committee				
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	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				x	
		eive payment from an equity-based compensation arrangement?				x	
	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	,						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the re	evenues of:					
а	The organization?			5a		x	
		ation?				X	
	If "Yes" on line 5a c	or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the n						
а	The organization?			<u>6a</u>		X	
b		ation?		6b		X	
_		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v	
~		nes 5 and 6? If "Yes," describe in Part III		. 7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v	
~				8		X	
9		id the organization also follow the rebuttable presumption procedure described in		2			
	Regulations section			. 9	- 0001		
LHA	гог Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)	2022	

232111 10-18-22

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) Breakdown of W	V-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	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DAVID DRIER	(i)	147,631.	55,000.	0.	0.	24,864.	227,495.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	<u>(ii)</u>								
	(i)								
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_	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

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) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2022

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

Open to Public Inspection nber

Name of the organization

Employer identification nu	ım
27-2233336	

PED

Par	tl Ty	pes of Property				•		
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribut	0	s
1	Art - Work	s of art			, , <u>,</u>			
2		rical treasures						
3		onal interests						
4		publications						
5		nd household goods						
6		other vehicles						
7		planes						
8		l property						
9		- Publicly traded	X	3	33,075.	PUBLICLY TRADED E	XCHANGE	
10		- Closely held stock						
11		- Partnership, LLC, or						
12		- Miscellaneous						
13		conservation contribution -						
	Historic st							
14 45		conservation contribution - Other						
15		e - Residential						
16 17		e - Commercial						
17		e - Other						
18		2S						
19 20								
20 21		medical supplies						
21		artifacto						
22		artifactsspecimens						
23 24								
25		(EVENT MEALS)	x	2	70 000.	COMPARABLE SALES		
26	Other	()			,			
20	Other	()						
28	Other	()						
29		f Forms 8283 received by the organi	zation during	the tax year for co	ontributions			
		the organization completed Form 82					0	
							Yes	No
30a	During the	year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for		
	exempt pu	rposes for the entire holding period	?				30a	X
b	lf "Yes," d	escribe the arrangement in Part II.						
31	Does the o	organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	ions?	31 X	
32a	Does the o	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributio	ons?					32a	X
b	,	escribe in Part II.						
33	If the orga	nization didn't report an amount in o	column (c) fo	r a type of property	r for which column (a) is cheo	ked,		
	describe in	n Part II.						

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 PEDAL THE CAUSE	27-2233336	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	d 33, and whether the organiz combination of both. Also cor	ation
SCHEDULE M, PART I, COLUMN (B):		
THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF		
ITEMS CONTRIBUTED.		
232142 09-09-22	Schedule M (For	n 990) 202 <mark>2</mark>
10		

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 27-2233336

PEDAL THE CAUSE

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

PEDAL THE CAUSE FUNDS HAVE BEEN INSTRUMENTAL IN OBTAINING SPORE

(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 THIRD LARGEST IN THE COUNTRY.

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

HAVE SUCCESSFULLY ATTRACTED SIGNIFICANT ADDITIONAL EXTERNAL FUNDING TO

FURTHER THEIR RESEARCH, AVERAGING \$12 FOR EVERY \$1 INITIAL AWARD.

SIGNIFICANT 2022 EXTERNAL FUNDING INCLUDED:

-\$1.75M AWARD FROM THE NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND

BIOENGINEERING FOR GASTROINTESTINAL/DIGESTIVE CANCER FROM A 2020 PEDAL

THE CAUSE GRANT,

-\$2.7M NATIONAL INSTITUTE OF HEALTH GRANT FOR GENITOURINARY CANCER FROM

A 2020 PEDAL THE CAUSE GRANT.

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

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

RELATIONSHIP WITH EACH OTHER.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 4 4

Schedule O (Form 990) 2022	Page 2 Employer identification number
Name of the organization PEDAL THE CAUSE	27-2233336
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:	
1) WHETHER THE CORPORATION'S COMPENSATION ARRANGEMENTS ARE REASONABLE,	
BASED ON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARM'S-	

LENGTH BARGAINING;

Schedule O (Form 990) 2022	Page 2
Name of the organization PEDAL THE CAUSE	Employer identification number 27-2233336
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:	
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.	

232212 10-28-22