Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2019 calendar year, or tax year beginning , and ending							
В		applicable:	C Name of organization			D Employer	identification number
П	Address	change					The state of the s
П	Name ch	ange	PEDAL WITH PETE			34-1732505	
	Initial retu	urn	Number and street (or P.O. box, if mail is not delivered to street address) Room/sui			E Telephone	
П	Final retu	urn/terminated	4876 BAY GROVE COURT			- S.	785-1300
П	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code			F Group Ex	
П	Application	on pending	GROVEPORT OH 43125			Number	
G	Accour	nting Method:	X Cash Accrual Other (specify) ▶		H Che		e organization is not
Ĭ	Websi					uired to attach	
J	Tax-exe	empt status (c	heck only one) — X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527		m 990, 990-EZ	
K	Form o	of organization		10 Late 1974 - 12 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I A		, , , , , , , , , , , , , , , , , , , ,
L	Add lin	ies 5b, 6c, an	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if t	total assets	3	
(Pa	ırt II, col	lumn (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ			> S	110,150
F	art I	Rever	ue, Expenses, and Changes in Net Assets or Fund Balar	nces (see	the instru	ctions for Par	t I)
10-		Check	if the organization used Schedule O to respond to any question in	this Part I			X
	1	Contributions,	gifts, grants, and similar amounts received			1	52,418
	2	Program se	rvice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	
	4	Investment	ncome	,		4	2,250
	5a	Gross amou	int from sale of assets other than inventory 5a				577.01 1980.000
	b	Less: cost o	r other basis and sales expenses 5b				
	С		from sale of assets other than inventory (subtract line 5b from line 5a)		5c		
	6		fundraising events:				
7020	а		ne from gaming (attach Schedule G if greater than	ı			
nue	l .	\$15,000) 6a					
Revenue	b			ontributions			
ď			sing events reported on line 1) (attach Schedule G if the	t			
	120	sum of such	gross income and contributions exceeds \$15,000).		55,4	82	
	C		expenses from gaming and fundraising events 6c		20,2	56	
	d	200 FEB 25	or (loss) from gaming and fundraising events (add lines 6a and 6b and sub				
	-	line 6c)		1		6d	35,226
	7a		of inventory, less returns and allowances 7a				
	b		f goods sold 7b				
	8 8	Other reven	or (loss) from sales of inventory (subtract line 7b from line 7a)				
	9		ue (describe in Schedule O)				00.004
	10	Grants and	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	89,894
	11	Renefits nai	similar amounts paid (list in Schedule O) d to or for members				75,000
"	40	BOARD STATE OF THE PARTY OF THE	ner compensation, and employee benefits			**	
JSes	13	Professiona	I fees and other payments to independent contractors			13	71.77
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
ŭ	15	Printing, put	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping				
	16	Other exper	ses (describe in Schedule O)			15	11,596
	17	Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16					86,596
,112422-1	18	Excess or (d	deficit) for the year (subtract line 17 from line 9)			17	3,298
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	e with			-,-50
Ass		end-of-year	figure reported on prior year's return)			19	64,094
let	20	Other chang	ges in net assets or fund balances (explain in Schedule O)			20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			21	67 392

Part II Balance Sheets (see the instructions for P	art II)	34 17	32303		, ago -
Check if the organization used Schedule O to		question in this Part	T		
	o recipona to arry	THE RESERVE OF THE PERSON OF T	ginning of year		(B) End of year
22 Cash, savings, and investments		(1) 20;	64,094	22	67,392
23 Land and buildings			01/031	23	01,392
24 Other assets (describe in Schedule O)		**********	0	24	
25 Total assets			64,094	25	67,392
OC T-4-11:			0	26	0,7552
27 Net assets or fund balances (line 27 of column (B) must agree	ee with line 21)		64,094	27	67,392
Part III Statement of Program Service Accom	plishments (se	ee the instructions for	Part III)		
Check if the organization used Schedule O to What is the organization's primary exempt purpose?	respond to any	question in this Part	II		Expenses
GRANTS FOR CEREBAL PALSY RESEARCH					quired for section
Describe the organization's program service accomplishments for e	each of its three la	rgest program services			(c)(3) and 501(c)(4) inizations; optional for
as measured by expenses. In a clear and concise manner, describ	e the services pro	vided, the number of		othe	
persons benefited, and other relevant information for each program				Otric	13.)
28 GAVE FUNDING TO ORGANIZATIONS TO RESEARCH CER	REBAL PALSY.		77 JE 42 AV		TANK III THE STANK III THE STA
529 (MAN)			*************		
979 (1489) (1413) (243) (247)					
(Grants \$) If this amount includes	foreign grants, che	ck here	>	28a	5,000
29					
The transfer when their transfers come when done in the re-					
70					
(Grants \$) If this amount includes 30				29a	
30	THE EXCEPT CONTRACTOR				
TO BE SEE THE OWNER OF THE CONTROL OF THE OWNER OW					
(Grants \$) If this amount includes	foreign grante, che			20-	
31 Other program services (describe in Schedule O)	loreign grants, che	ck liere		30a	
(Grants \$ 75,000) If this amount includes	foreign grants, che	ck here		31a	75,000
32 Total program service expenses (add lines 28a through 31a)	grame, and	<u> </u>		32	80,000
Part IV List of Officers, Directors, Trustees, and Key Er	mployees (list eac	h one even if not compe	nsated — see the	e instruc	tions for Part IV)
Check if the organization used Schedule O to resp		n in this Part IV	/-/\		**************************************
(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	(d) Health ben contributions to e	mplovee	(e) Estimated amount of
	devoted to position	(if not paid, enter -0-)	benefit plans, deferred comper	and nsation	other compensation
JOHN MANLEY					
TREASURER	1.00	0		0	0
LORRAINE KAPLAN		100			
SECRETARY	1.00	0		0	0
MIMI SINGH BOARD	1 00			1000	ibrii
PAUL STOCK	1.00	0		0	0
BOARD	1 00			_	-
NICK FARMER	1.00	0		0	0
PRESIDENT	1.00	_			_
MEI GONG	1.00	0	3000	0	0
BOARD	1.00	o		0	0
PHIL ROSEN		7	***************************************	w	
VICE PRESIDENT	1.00	o		0	0
SABINE KUHN			KIND AND		
BOARD	1.00	0		0	0
ROGER SCHENCK	William Willia				*
BOARD	1.00	0		0	0
JIM STROBLE					100
BOARD	1.00	0		0	0
					August 1 - Charles Const.

Pa	irt V	Other Information (Note the Schedule A and personal benefit contract statements instructions for Part V.) Check if the organization used Schedule O to respond to	ent requirements in the any question in this F	ne Part V		
22	D:- 4				Yes	No
33		organization engage in any significant activity not previously reported to the IRS? If "Yes," pro	vide a			
34		description of each activity in Schedule O		33		X
34		y significant changes made to the organizing or governing documents? If "Yes," attach a con- he amended documents if they reflect a change to the organization's name. Otherwise, expla				
		on Schedule O. See instructions	in the	34		x
35a		organization have unrelated business gross income of \$1,000 or more during the year from bu			-	
		(such as those reported on lines 2, 62, and 72, among others)?		35a		x
h		o line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation	on in Cabadula O	35b		- 22
C		organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033		355		
(2)		i, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	e) notice,	35c		x
36		organization undergo a liquidation, dissolution, termination, or significant disposition of net ass				42
		e year? If "Yes," complete applicable parts of Schedule N		36		x
37a		The state of the s	37a			
b	Did the o	organization file Form 1120-POL for this year?		37b	+000000000	Х
38a	Did the o	organization borrow from, or make any loans to, any officer, director, trustee, or key employee	; or were			
	any such	n loans made in a prior year and still outstanding at the end of the tax year covered by this ret	urn?	38a		X
b	If "Yes,"	complete Schedule L, Part II, and enter the total amount involved	38b			
39		501(c)(7) organizations. Enter:				
а		fees and capital contributions included on line 9	39a			
b	Gross re	ceipts, included on line 9, for public use of club facilities	39b			
40a		501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unc	er:			
		4911 ▶; section 4912 ▶; section 4955				
b		501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section				
		penefit transaction during the year, or did it engage in an excess benefit transaction in a prior				
-		not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	art I	40b		X
С		501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
		nization managers or disqualified persons during the year under sections 4912,				
~	4955, an	***************************************				
d		501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	E			
е		bursed by the organization nizations. At any time during the tax year, was the organization a party to a prohibited tax she				
C		on? If "Voc." complete Form PROC T	ter	40-		х
41		states with which a copy of this return is filed OH	enviro evolui enviro describi	40e	l	
42a		anization's books are in care of JOHN MANLEY	Telephone no. ▶	614-78	5-1	300
	e e.ga	4876 BAY GROVE COURT	relephone no.		. .	500
	Located	at ▶ GROVEPORT C	H ZIP+4▶	43125		
b		me during the calendar year, did the organization have an interest in or a signature or other a	eres	*************	Yes	No
		al account in a foreign country (such as a bank account, securities account, or other financial		42b		X
		enter the name of the foreign country	• Parsonners			
	See the i	instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign B	ank and			
		I Accounts (FBAR).				
С		me during the calendar year, did the organization maintain an office outside the United States	s?	42c		X
202	If "Yes,"	enter the name of the foreign country	A SWEET SHOWS			
43	Section 4	4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check her	e	T		▶
	and ente	er the amount of tax-exempt interest received or accrued during the tax year	▶ 43	1	T.,	11/2
440	Did the e	proprientian maintain any dance of tiped during the uses of lilly all Farm 000 as at la-		f	Yes	No
44a		organization maintain any donor advised funds during the year? If "Yes," Form 990 must be ed instead of Form 990-EZ		440		х
b		ed instead of Form 990-E∠ organization operate one or more hospital facilities during the year? If "Yes," Form 990 must l				Λ
U				446	100000000	v
С	Did the	ed instead of Form 990-EZ organization receive any payments for indoor tanning services during the year?		44b		X
d	If "Yee" +	to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide a		44c		
a		tion in Schedule O		440		A000000000
45a		and a limiting the controlled and the controlled an				X
43a b		organization receive any payment from or engage in any transaction with a controlled entity w	ithin the	45a		
		g of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead				
		0-EZ. See instructions	u u	AFh.		¥

46	Did the	e organization engage, directly or indirectly, in political	al campaign activitie	s on behalf of or in oppo	sition			Yes	No
Par	to can	didates for public office? If "Yes," complete Schedule Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must ans 50 and 51. Check if the organization used Schedule O	swer questions 47	–49b and 52, and cor	mplete the	ables for li	nes		<u> </u>
47	Did the	e organization engage in lobbying activities or have a					Г	Yes	No
		If "Yes," complete Schedule C, Part II	*********				47	_	X
48 49a b	Did the	organization a school as described in section 170(b)(e organization make any transfers to an exempt non- s," was the related organization a section 527 organiz	charitable related or	ganization?			49:	а	X
50	Compl	lete this table for the organization's five highest comp yees) who each received more than \$100,000 of com	ensated employees		ectors, truste	es, and key	[401	<u> </u>	
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation	(d) Health contributions benefit p	n benefits, to employee lans, and empensation	(e) Estima		
МО	NE		**		delened ee	riiperioation			
. (3.5)(1)			***						

	E #(#N#) E # 153	oro esta men en (1 altro assampro esta faris ar							
f 51	Comp	number of other employees paid over \$100,000 lete this table for the organization's five highest comp 000 of compensation from the organization. If there is	pensated independe s none, enter "None.	nt contractors who each	received mo	re than			
		(a) Name and business address of each independent co			e of service		(c) Comp	ensation	1
NOI	NE								
				SCHOOL STATE	V 1000W		-01		
			*************	****					
	vovosta kas								
d 52	Did th	number of other independent contractors each receiv e organization complete Schedule A? Note: All secti- leted Schedule A	MANAGEMENT STATEMENT OF THE PROPERTY OF	ations must attach a			→ X Y		No
Under true, c	penalti	es of perjury, I declare that I have examined this return, incl and complete. Declaration of preparer (other than officer) is	luding accompanying s based on all informati	schedules and statements, a on of which preparer has a	and to the bes	t of my knowle			
Sign									
Here		Signature of officer JOHN MANLEY Type or print name and title		TREASURI	ate ER				
		Print/Type preparer's name	reparer's signature		Date	Check	if PT	īN	
Paid		DAVID L ANDERSON	Alle		02/0	150000000000000000000000000000000000000	and and	12997	43
Prep	arer Only	Firm's name ANDERSON NEESLEY		LC .	1411	Firm's EIN ▶	47-2	4691	23
	Jiny	Firm's address > 5970 WILCOX PLAC DUBLIN, OH 4301				Phone no. 6	14-79	1-98	398
May	the IRS	S discuss this return with the preparer shown above?	See instructions				► X		No
							Form 9	90-EZ	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

PEDAL WITH PETE

Employer identification number 34-1732505

P	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	orga			e it is: (For lines 1 through 12,				
1		A church, cor	vention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3				ce organization described in se			ii).	
4				d in conjunction with a hospital				spital's name.
		city, and state					1 11 11 11 11 11 11	op men a manna,
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a go	overnmental unit described in	
			b)(1)(A)(iv). (Complete Part			ISAN MARKET OF		
6		A federal, sta	te, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A)(v).	
7		An organizati described in	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fr omplete Part II.)	om a gove	ernmental	unit or from the general public	
8				170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultura	al research organization des	cribed in section 170(b)(1)(A)(of agriculture (see instructions).	ix) operate	ed in conj name, cit	unction with a land-grant colleg	e
		university:				X Taranga and Taranga		
10	X	receipts from support from	activities related to its exen gross investment income ar	more than 33 1/3% of its sup npt functions—subject to certain nd unrelated business taxable in 0, 1975. See section 509(a)(2)	n exception ncome (les	ns, and (2 ss section	t) no more than 33 1/3% of its 511 tax) from businesses	ss
11	П			exclusively to test for public saf	A SECUCION S			
12				exclusively for the benefit of, to				200
		of one or mor	e publicly supported organiz	cations described in section 50 nat describes the type of suppo	9(a)(1) or	section 5	609(a)(2). See section 509(a)(3	3).
	а	The second secon		erated, supervised, or controlled				
				ver to regularly appoint or elect				'9
				omplete Part IV, Sections A a				
	b	Type II. A	A supporting organization su	pervised or controlled in conne	ction with	its suppor	ted organization(s), by having	
		control or	management of the suppor	ting organization vested in the	same pers	sons that	control or manage the supporte	ed
				Part IV, Sections A and C.				
	С	its suppo	unctionally integrated. A s rted organization(s) (see ins	supporting organization operated tructions). You must complete	d in conne Part IV,	ection with Sections	, and functionally integrated wi A, D, and E.	th,
	d			d. A supporting organization ope				
				e organization generally must s				ss
				nust complete Part IV, Sectio				
	е	Check the functional	is box if the organization rec Ilv integrated, or Type III no	eived a written determination fr n-functionally integrated suppor	om the IR ting organ	S that it is ization.	s a Type I, Type II, Type III	
	f		nber of supported organizati					
	g	Provide the fo	ollowing information about th	ne supported organization(s).			*************	
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)			AND	Tentre de la constantina	105	No		
1)								
(B))(
No. and Control				and the same of th				
(C)								
(D)								
(E)								
Tota	si.							
TOLE	11				alessessess			

Schedule A (Form 990 or 990-EZ) 2019 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 organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				*		
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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	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)						
6 Sec	Public support. Subtract line 5 from line 4						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		N=7-2-3	(3)	(0) -010	(0,2010	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						- William State Company
12	$\label{prop:constraints} \mbox{Gross receipts from related activities, etc.}$	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
_	organization, check this box and stop here						
Sec	tion C. Computation of Public Su		A-BLEVE DO	The County of th			
14	Public support percentage for 2019 (line 6,	, column (f) divide	d by line 11, colun	nn (f))		14	%%
15	Public support percentage from 2018 Sche	70 TO THE RESERVE TO THE PARTY OF THE PARTY				15	%
16a	33 1/3% support test—2019. If the organi				33 1/3% or more,	check this	
14	box and stop here. The organization quali				45 :- 20 4/20/		
b	33 1/3% support test—2018. If the organization of						▶ □
17a	this box and stop here. The organization of 10%-facts-and-circumstances test—201	If the organization	tion did not check	anization hov on line 13: 1	So or 16h and lin		
174	10% or more, and if the organization meet Part VI how the organization meets the "fa organization	s the "facts-and-c cts-and-circumsta	ircumstances" tes ances" test. The or	t, check this box a ganization qualifie	nd stop here. Exp s as a publicly sup	olain in oported	▶ □
b	10%-facts-and-circumstances test—201	8. If the organization	tion did not check	a box on line 13, 1	6a, 16b, or 17a, a	nd line	To the second se
	15 is 10% or more, and if the organization	meets the "facts-	and-circumstance	s" test, check this	box and stop her e	э.	
	Explain in Part VI how the organization me supported organization				S	oublicly	▶ □
18	Private foundation. If the organization did instructions	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	see	

Schedule A (Form 990 or 990-EZ) 2019

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	tion A. Public Support	quality under th	e tests listed be	now, please co	implete Part II.)		
-	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 2010	(0) 2017	(u) 2010	(6) 2019	(i) i otai
	received. (Do not include any "unusual grants.")	2,500	21,919	25,857	35,558	52,418	138,252
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	60,286	62,061	88,266	42,634	55,482	308,729
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5	62,786	83,980	114,123	78,192	107,900	446,981
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	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.)						446,981
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	62,786	83,980	114,123	78,192	107,900	446,981
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 in 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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	62,786	83,980	114,123	78,192	107,900	446,981
14	First five years. If the Form 990 is for the		t, second, third, fou	rth, or fifth tax yea	r as a section 501(c)(3)	
-	organization, check this box and stop her						>
-	tion C. Computation of Public Su				****	Lat	
15	Public support percentage for 2019 (line 8						100.00%
16 Sec	Public support percentage from 2018 Schetion D. Computation of Investme			*****		116	100.00%
17	Investment income percentage for 2019 (I			column (f)		17	%
18	Investment income percentage for 2019 (i	Ine 100, column (1)	, divided by line 13 III. line 17	, column (i))		18	%
19a	Investment income percentage from 2018 33 1/3% support tests—2019. If the orga	anization did not ch	eck the box on line	14. and line 15 is	more than 33 1/3%	and line	70
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2018. If the orga	ox and stop here.	The organization q	ualifies as a public	ly supported organ	ization	> 🗓
U	line 18 is not more than 33 1/3%, check the					ACTION AND ADDRESS OF THE STATE	
20	Private foundation. If the organization di						· · · · · · · · · · · ·

Page 3

Schedule A (Form 990 or 990-EZ) 2019 Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

	Yes	No
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	0000000000000000	000000000000000000000000000000000000000
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Schedule A (Form 990 or 990-EZ) 2019

Page 5

	e A (Form 990 or 990-EZ) 2019 PEDAL WITH PETE		34-1/32	505 Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20, 1	1970 (explain in Part VI). So	ee
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E.	
Section	on 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	-22000-100-100-100-100-100-100-100-100-1	
6	Portion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mai	ntenance 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		
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
inst	ructions 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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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			
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization (see
	instructions)			

	lle A (Form 990 or 990-EZ) 2019 PEDAL WITH PETE	No recognition and the contract of the contrac	34-1732	505 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		<u> </u>	
6	Other distributions (describe in Part VI). See instructions.			Kerne w
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the orga	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
_10	Line 8 amount divided by line 9 amount		4	
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	District of the second of the		Pre-2019	Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; P	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, a B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)	, Section E, lines 1c, 2a, 2b, nd 8; and Part V, Section E,
	inles 2, 3, and 6. Also complete this part for any additional information. (See instruc	LIOTIS.)

		· · · · · · · · · · · · · · · · · · ·
		LD (1802) 1800) (1812) (1806) 6260) (1802)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization PEDAL WITH PETE					Employer identificat 34-17325	
Part I Fundraising Activities. Complete if	the organizati	on ar	swer	ed "Yes" on Form 9		
Form 990-EZ filers are not required to				21 1 11 1 1		
1 Indicate whether the organization raised funds through	l	S1		68846 BI		
a Mail solicitations	e Solicitatio	n of no	n-gove	ernment grants		
b Internet and email solicitations	f Solicitatio	n of go	vernm	ent grants		
c Phone solicitations	g Special fu	ındraisi	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	rith any individual in connection with	(includ	ing off ssiona	icers, directors, trustees I fundraising services?	5 ,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (for compensated at least \$5,000 by the organization.	undraisers) pursu			nents under which the fu	undraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise cust con	id fund- r have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			4
1						
2						
3						
4	80.			2-2-11-34-00-1-38-12-2-2-2-3-13-1		
5						
6					Herman and the second	
7		-			nt and the state of the state o	
g.						
8						
9						
10					And the second second	
Total						
List all states in which the organization is registered or registration or licensing.		contri	outions	s or has been notified it	is exempt from	1
3 333 67 643 7 643 643 643 643 643 643 643 643 643 643					*******	

Schedule G (Form 990 or 990-EZ) 2019 PEDAL WITH PETE 34-1732505 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 (b) Event #2 (c) Other events (d) Total events COLUMBUS RIDE NONE (add col. (a) through (event type) (event type) col. (c)) (total number) 51,102 51,102 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 51,102 51,102 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 18,285 9 Other direct expenses 18,285 10 Direct expense summary. Add lines 4 through 9 in column (d) 18,285 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % 6 Volunteer labor No 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) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2019 PEDAL WITH PETE	34-1732505	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	J	es No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ▶	******************	
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	res No
а	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	i the	
_	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:		
С	neres, enter name and address of the third party.		
	Name ▶	IN OUTSIES TRANSPORTER STREET, FRANKSSON	
	Address ▶	edan aribakanakanakanan esaketaka	
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
1.61	retain the state gaming license?	Ц	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Pa	spent in the organization's own exempt activities during the tax year ▶ \$ set IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	olumns (iii) and (v): and	1
00000075	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add		-
	See instructions.		
51 51555 51 51555			
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1 200			
8 889			*********

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

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.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number PEDAL WITH PETE 34-1732505 FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS CASH CONTRIBUTION: 75,000 FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES DESCRIPTION AMOUNT EXPENSES AACPDM CONFERENCE 4,877 INSURANCE 938 TAX PREPARATION 510 OFFICE AND MEETINGS 271 ADAPTIVE BIKES 5,000 TOTAL \$ 11,596 FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT GRANTS TO PROVIDE RESEARCH INTO CEREBRAL PALSEY

Form **990**

Event Income and Deduction Worksheet

Description KENT BIKE RIDE

2019

Name

PEDAL WITH PETE

Taxpayer Identification Number 34-1732505

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

ncome & Expense Summary:		Expense Details - Indirect Expense:	
Gross receipts or sales 1.	4,380	Advertising and promotion	
2. Advertising income 2		Office	
3. Circulation income 3.		Printing/publication/postage	
4. Other income 4.		Info technology/Maintenance	A
5. Returns and allowances 5		Royalties & License Fees	
 Contributions received 6. 		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7.	4,380	Travel & Repairs	
8. Cost of Goods Sold 8.		Travel/entertainment (officials)	
9. Employment Expense 9.		Conferences/meetings	- 10 (II - 15)
10. Fees for services 10.		Interest	
11. Indirect Expense 11.		Insurance	- AV
12. Depreciation Expense 12.		Total Indirect Expense	WE THE WA
13. Exempt Activity Expense 13.		\$154.5.1.1.4.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5.1.1.5	
14. Fundraising Expense 14.	1,971	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 1415.	1,971	On investment property	
16. Net Income/Loss. Line 7 minus Line 1516.	2,409	On non-investment property	
9		Amortization	
		Depletion	
Expense Details - Cost of Goods Sold:		Total Depreciation Expense	
Beginning inventory		The control of the co	
Purchases		Expense Details - Exempt Activity Expense:	
Labor		Repairs and Maintenance	
Section 263A costs		Bad debts	
Other costs		Taxes/licenses	
Ending inventory		Charitable contributions	
Total Cost of Goods Sold		Dividend recd deductions	-
		Readership costs	
Expense Details - Employment Expense:		Other expenses	
Compensation of officers		Total Exempt Activity Expense	
Other salaries and wages			
Pension plan contributions	The second secon	Expense Details - Fundraising Expense:	
Other employee benefits			
Payroll taxes	**************************************	Cash prizes	
Payroll taxes		Non-cash prizes	
Total Employment Expense		Rent and facility costs Food & beverages (Part II only)	
Expense Details - Fees for Services:		Entertainment (Part II only)	
		Other direct expenses 1	971
Management		Other direct expenses 1 Total Fundraising Expense 1	.971
Legal Accounting		Total Fundraising Expense	, 911
1 with the Market			
Professional fundraising			
Investment management			
Other Total Food for Somions			
Total Fees for Services			
Information is indicated for use on Form 990-T sc	hadula:	Allocation of Expense to Program Service Accomplishme	ante:
Schedule E	nedule.	Management and the second of t	
Schedule F		First	
Schedule F Schedule G		Second	
Schedule I		Third	
Schedule J		All other	
Concadio 0			

Form **990**

Event Income and Deduction Worksheet

Description COLUMBUS RIDE

Taxpayer Identification Number

2019

Name

PEDAL WITH PETE

34-1732505

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	51,102	Advertising and promotion
2. Advertising income 2.		
3. Circulation income 3.		Office Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Info technology/Maintenance Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	51,102	
8. Cost of Goods Sold		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.	18,285	On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	32,817	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		and the second s
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
		Other direct expenses 18,285
Management		Total Fundraising Expense 18,285
Accounting		Total Turidianing Expense
Lobbying		
Professional fundraising		
Investment management	entra de la caractería de	
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T sc	hedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E	retros construit Child (Ball)	First
Schedule F		Second
Schedule G		Third
Schedule I		All other
Schedule J		3171113 - 117113 - 117113 - 117113 - 117113 - 117113 - 117113 - 117113 - 117113 - 117113 - 117113 - 117113 - 1

Form **990**

Two Year Comparison Report

For calendar year 2019, or tax year beginning

ending

2018 & 2019

Name

Taxpayer Identification Number

EDAL WITH PETE				34-1732505	
		2018	2019	Differences	
1. Contributions, gifts, grants	1.				
2. Membership dues and assessments	2.				
Government contributions and grants	3.				
4. Program service revenue	4.			20	
5. Investment income	5.				
6. Proceeds from tax exempt bonds	6.				
7. Net gain or (loss) from sale of assets other than inventory	7.				
8. Net income or (loss) from fundraising events	8.				
9. Net income or (loss) from gaming	9.				
10. Net gain or (loss) on sales of inventory	10.				
11. Other revenue	44				
12. Total revenue. Add lines 1 through 11	12.				
13. Grants and similar amounts paid	13.				
14. Benefits paid to or for members	4.4				
15. Compensation of officers, directors, trustees, etc.	15.				
16. Salaries, other compensation, and employee benefits	16.	7			
17. Professional fundraising fees	17.				
18. Other professional fees	18.				
19. Occupancy, rent, utilities, and maintenance	19.				
20. Depreciation and Depletion					
21. Other expenses	21.				
22. Total expenses. Add lines 13 through 21	22.				
23. Excess or (Deficit). Subtract line 22 from line 12	23.			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
24. Total exempt revenue	24.				
25. Total unrelated revenue	25.				
26. Total excludable revenue	26.	re Manager State of the Control of t	PIN THE PARTY OF T		
27. Total assets	07				
26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 30. Number of voting members of governing body	00				
29. Retained earnings	29.				
30. Number of voting members of governing body	30.	12			
31. Number of independent voting members of governing body	31.				
32. Number of employees	32.	0			
33. Number of volunteers	33.				

PEDAL PEDAL WITH PETE

34-1732505 FYE: 12/31/2019

Federal Statements

2/3/2020 5:46 PM

KENT BIKE RIDE

Other Direct Fundraising or Gaming Expenses

Description			 Amount	
COST	OF	EVENT	\$ 1,971	
	TO	PAL	\$ 1,971	

PEDAL PEDAL WITH PETE

34-1732505

FYE: 12/31/2019

Federal Statements

2/3/2020 5:46 PM

COLUMBUS RIDE

Other Direct Fundraising or Gaming Expenses

Description	Amount
MISC RIDE COSTS	\$ 18,28
TOTAL	\$18,28
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