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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning NOV 1, 2008 **and ending** OCT 31, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BIKE & BUILD INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
6109 RIDGE AVENUE, BLDG 2

City or town, state or country, and ZIP + 4
PHILADELPHIA, PA 19128

D Employer identification number
36-4524531

E Telephone number
2673318488

G Gross receipts $ 1,257,879.

F Name and address of principal officer: MARC BUSH
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BIKEANDBUILD.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2002 **M** State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THROUGH SERVICE-ORIENTED CYCLING TRIPS, BIKE & BUILD BENEFITS AFFORDABLE HOUSING AND EMPOWERS YOUNG

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	33
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,020,292.	1,250,740.
9	Program service revenue (Part VIII, line 2g)	0.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,622.	6,960.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,429.	179.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,024,343.	1,257,879.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	494,609.	740,044.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	155,690.	229,759.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,430.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	379,145.	424,277.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,029,444.	1,394,080.
19	Revenue less expenses. Subtract line 18 from line 12	<5,101.>	<136,201.>

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	236,521.	162,520.
21	Total liabilities (Part X, line 26)	8,714.	70,914.
22	Net assets or fund balances. Subtract line 21 from line 20	227,807.	91,606.

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Part II Signature Block

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

Sign Here

▶ Signature of officer Rosemary Dirita — Date ▶ 6/30/2010

▶ ROSEMARY DIRITA, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 6/29/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
SHECHTMAN MARKS DEVOR PC
2000 MARKET STREET, SUITE 500
PHILADELPHIA, PA 19103

EIN ▶

Phone no ▶ 215-496-9200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G16

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
THROUGH SERVICE-ORIENTED CYCLING TRIPS, BIKE & BUILD BENEFITS AFFORDABLE HOUSING AND EMPOWERS YOUNG ADULTS FOR A LIFETIME OF SERVICE AND CIVIC ENGAGEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,240,747. including grants of $ 740,044.) (Revenue $)
THE ORGANIZATION HAD 10 RIDES INCLUDING APPROXIMATELY 300 RIDERS IN 2009. PARTICIPANTS RAISED $4,000 EACH AND CONTRIBUTED 2 MONTHS OF VOLUNTEER SERVICE CYCLING AND VOLUNTEERING WITH AFFORDABLE HOUSING GROUPS AS THEY BIKED ACROSS AMERICA. THE ORGANIZATION VOLUNTEERED WITH APPROXIMATELY 50 AFFORDABLE HOUSING GROUPS, SUCH AS HABITAT FOR HUMANITY AFFILIATES. ADDITIONALLY, THE ORGANIZATION GRANTED MONEY TO APPROXIMATELY 350 AFFORDABLE HOUSING ORGANIZATIONS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,240,747. *(Must equal Part IX, Line 25, column (B).)*

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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; 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 hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as 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 U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 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, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		X
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, Parts II, III, IV, and V, line 1*	**34**		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 6		
b	Enter the number of voting members that are independent	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA, NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

ROSEMARY DIRITA, EXECUTIVE DIRECTOR - 2673318488
6109 RIDGE AVENUE, BLDG 2, PHILADELPHIA, PA 19128

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARC BUSH CHAIRPERSON	3.00	X						0.	0.	0.
MELISSA CLOUGH BOARD MEMBER	1.00	X						0.	0.	0.
AMELIA HANLEY BOARD MEMBER	1.00	X						0.	0.	0.
JOHN LEONTI BOARD MEMBER	1.00	X						0.	0.	0.
SHAUNA THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
BILL WEST BOARD MEMBER	1.00	X						0.	0.	0.
ROSEMARY DIRITA EXECUTIVE DIRECTOR	40.00			X				23,846.	0.	2,872.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								23,846.	0.	2,872.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	84,000.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1166740.			
	g Noncash contributions included in lines 1a-1f $ 15,760.					
	h **Total.** Add lines 1a-1f	▶	1,250,740.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	6,960.			6,960.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	900099	179.	179.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	179.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	1,257,879.	179.	0.	6,960.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	734,519.	734,519.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,525.	5,525.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	53,433.		53,433.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	151,339.	114,222.	21,805.	15,312.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	7,178.	5,686.	730.	762.
10 Payroll taxes	17,809.	10,075.	6,383.	1,351.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,276.		15,276.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,693.		1,693.	
12 Advertising and promotion	6,552.			6,552.
13 Office expenses	11,367.	1,971.	6,604.	2,792.
14 Information technology				
15 Royalties				
16 Occupancy	15,608.	3,902.	10,145.	1,561.
17 Travel	9,667.	9,248.	419.	
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	16,234.	15,730.	504.	
23 Insurance	38,855.	35,801.	2,994.	60.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TRIPS	240,877.	240,877.		
b FUEL	20,433.	18,390.	2,043.	
c REPAIRS	19,778.	19,778.		
d PROGRAM ACTIVITIES	12,903.	12,903.		
e STORAGE	6,000.	6,000.		
f All other expenses	9,034.	6,120.	2,874.	40.
25 Total functional expenses. Add lines 1 through 24f	1,394,080.	1,240,747.	124,903.	28,430.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		174,253.	1	25,183.
	2	Savings and temporary cash investments			2	90,092.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		45,650.	4	5,107.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,135.	9	27,706.
	10a	Land, buildings, and equipment: cost basis	10a 43,582.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 30,700.	4,933.	10c	12,882.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,550.	15	1,550.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		236,521.	16	162,520.
Liabilities	17	Accounts payable and accrued expenses		8,714.	17	21,214.
	18	Grants payable			18	
	19	Deferred revenue			19	49,700.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		8,714.	26	70,914.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		153,935.	27	68,974.
	28	Temporarily restricted net assets		73,872.	28	22,632.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		227,807.	33	91,606.
	34	Total liabilities and net assets/fund balances		236,521.	34	162,520.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
BIKE & BUILD INC	36-4524531

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	468,896.	446,000.	707,079.	1020292.	1250740.	3893007.
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	6,000.	62,896.				68,896.
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 - 5	474,896.	508,896.	707,079.	1020292.	1250740.	3961903.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						3961903.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	474,896.	508,896.	707,079.	1020292.	1250740.	3961903.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,676.	1,676.	6,301.	2,622.	6,960.	19,235.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,676.	1,676.	6,301.	2,622.	6,960.	19,235.
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 IV.)				1,429.	179.	1,608.
13 **Total support** (Add lines 9, 10c, 11, and 12)						3982746.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.48 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.43 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	.48 %
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	.57 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

VENDOR REIMBURSEMENTS

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BIKE & BUILD INC

Employer identification number
36-4524531

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not 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, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,582.	30,700.	12,882.
e Other				0.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,882.

Schedule D (Form 990) 2008

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12-23-08

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,257,879.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,394,080.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<136,201.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<136,201.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,257,879.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,257,879.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	1,257,879.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,394,080.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,394,080.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	1,394,080.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BIKE & BUILD INC

Employer identification number
36-4524531

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED STATEMENT 1			734,519.	0.			

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2008**

832101 12-18-08

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS TO PROVIDE FUNDING FOR AFFORDABLE HOUSING PROJECTS CHIEFLY PLANNED AND EXECUTED BY STUDENTS AND YOUNG ADULTS.	2	5,525.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

THE ORGANIZATION IS CURRENTLY IS THE PROCESS OF PUTTING INTO PLACE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BIKE & BUILD INC

Employer identification number

36-4524531

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADULTS FOR A LIFETIME OF SERVICE AND CIVIC ENGAGEMENT.

FORM 990, PART VI, SECTION A, LINE 10: THE RETURN PREPARER EMAILS A COPY OF THE FINAL VERSION OF FORM 990 TO MANAGEMENT WHO FORWARDS A COPY TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE FILING THE 990. A TELEPHONE CONFERENCE IS HELD BETWEEN THE RETURN PREPARER AND THOSE CHARGED WITH GOVERNANCE AND ALL QUESTIONS ARE ADDRESSED AND RESOLVED PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS.

PART VI, SECTION B. POLICIES

THE FOLLOWING POLICIES WERE ADOPTED IN MARCH 2010:

CONFLICT OF INTEREST POLICY

WHISTLEBLOWER POLICY

DOCUMENT RETENTION AND DESTRUCTION POLICY

COMPENSATION POLICY

BIKE AND BUILD, INC.
EIN: 36-45274531
STATEMENT 1: FORM 990, SCHEDULE I, PART II
GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES

Name	Address	EIN	Amount	Purpose
Anne Arundel Habitat for Humanity	273 Peninsula Farm Road Suite D Arnold MD 21012	52-1516966	500 00	*
Athens Area Habitat for Humanity	532 Barber Street PO Box 1261 Athens, GA 30603	58-1809143	8,904 00	*
Athens County Habitat for Humanity	525 West Union Street Athens, Ohio 45701	31-1286856	3,469.00	*
Athens PBJs	123 Easy Street Atlanda GA 30601	26-1955328	500.00	*
Back Bay Mission	1012 Division Street Biloxi MS 39530	64-043-1066	500 00	*
Bay Area HfH-Housing, Inc.	909 FM 517 E Suite C Pine Drive Dickinson TX 77539	76-0329145	500 00	*
Beaches Habitat for Humanity	1671 Francis Avenue Atlantic Beach, FL 32233	65-0234544	17,500 00	*
Boston University Habitat for Humanity	1 University Road Boston MA, 02215	04-2103547	3,345 00	*
Bridgeport Habitat for Humanity	1470 Barnum Avenue Bridgeport CT 06610	22-2597077	2,000 00	*
Cabarrus County Habitat for Humanity	PO Box 1502 Concord NC 28026	22-2762189	500 00	*
Capital District Habitat for Humaniy	454 North Pearl Street Albany, NY 12204	14-1708404	500.00	*
Central Oklahoma Habitat for Humanity	1025 North Broadway Avenue Oklahoma City, OK 73102	91-1914868	1,880.00	*
Central Pasco Co. Habitat for Humanity	PO Box 2107 Land O'Lakes FL 34639	59-3755589	500.00	*
Central Wisconsin Habtiat for Humanity	1308 Main Street Stevens Point WI 54481	39-1617445	500 00	*
Charleston Habitat for Humanity	731 Meeting Street Charleston, SC 29403	57-0889919	6,113 00	*
Chesapeake Habitat for Humanity	3741 Commerce Drive, Suite 309 Baltimore, MD 21227	52-1226188	500 00	*
Christmas in April-Prince George's County	7915 Malcolm Road, Clinton, Maryland 20735-1732	52-1623793	5,875 00	*
Cincinnati Habitat for Humanity	201 W 8th Street Cincinnati OH 45202	58-1285159	500 00	*
Clarksdale Area Habitat for Humanity	PO Box 861 Clarksdale MS 38614	64-0745121	10,700.00	*
Cleveland County Habitat for Humanity	1835 Industrial Blvd Norman OK 73069	73-1422362	500 00	*
COLORADO SPRINGS HABITAT FOR HUM	2105 E Bijou Street,Suite B Colorado Springs, CO 80909	35-1640064	55,200 00	*
COmmunity Rebuild	548 Locust Lane , Moab UT , US , 84532	20-5636697	2,559 00	*
COVER Home Repair, Inc.	158 South Main Street White River Junction VT 05001	20-4597157	13,500 00	*
Davidson Housing Coalition	PO Box 854 Davidson, NC 28036	562057448	5,013 00	*
DC Habitat for Humanity	2115 Ward Court NW, Suite 100 Washington, DC 20037	52-1589700	5,492 00	*
Ecological Construction Laboratory	110 Race Street Suite 200 Urbana IL 61801	04-3172737	2,500 00	*
El Dorado County Habitat for Humanity	6168 Pleasant Valley Road El Dorado CA 95619	68-0376320	1,873 00	*
Enterprise Community Partners	75 College Avenue Suite 422 Rochester NY 14607	52-1231931	1,000 00	*
Extended Disaster Relief	180A E Cameron Avenue YMCA Building University of North Carolina at Chapel Hill CB #5115, Chapel Hill NC 27599-5115	56-6001393	7,164 00	*
Fidelity Charitable Gift Fund	Fidelity® Charitable Gift Fund 100 Crosby Parkway Mail Zone KC1D-FCS Covington, KY 41015-9325	11-0303001	108,718 91	*
Flower City Habitat for Humanity	755 Culver Road Rochester NY 14607	13-3281487	500 00	*
Friends of the Green River Positive Act	165 S Broadway Green River UT 84525	80-0079349	6,500 00	*
Garland Habitat for Humanity	1110 Main Street Garland TX 75040	13-3281487	500 00	*
Greater Cleveland Habitat for Humanity	2110 W 110th Street Cleveland OH 44102	31-12094223	500 00	*
Greater Plainfield HFH, Inc	2 Randolph Road Plainfield NJ 07060	22-2948662	500 00	*
Habitat for HUmanity - New York City	111 John Street 23rd Fl New York NY 10038	11-2857055	500 00	*
Habitat for Humanity SF/SCV	2301 Ventura Blvd Suite 1101 Woodland Hills CA 91364	95-4290935	500 00	*
Habitat for Humanity Buffalo	995 Kensington Avenue Buffalo NY 14215	22-2746890	500 00	*
HABITAT FOR HUMANITY CENTRAL ARIZ(	9133 NW Grand Avenue Suite 1 Peoria AZ 85345	74-2401708	500.00	*
Habitat for Humanity Charlottesville	501 Grove Avenue, Charlottesville VA 22902	54-1574925	21,200 00	*
HABITAT FOR HUMANITY CHARLOTTESVI	501 Grove Avenue, Charlottesville VA 22902	54-1574925	15,700 00	*

BIKE AND BUILD, INC.
EIN: 36-45274531
STATEMENT 1: FORM 990, SCHEDULE I, PART II
GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES

Name	Address	EIN	Amount	Purpose
HABITAT FOR HUMANITY DARTMOUTH C	6154 Fairbanks Halls Hanover, NH 03755	02-0222111	500 00	*
Habitat for Humanity Dayton Ohio	1041 S Patterson Blyv Dayton OF 45402	31-1104456	4,935.00	*
Habitat for Humanity Duke Campus Chapter	Office of Fraternity & Sorority Life Duke University 07 Bryan Center, Box 90840 Durham, NC 27708-0840	58-1674794	9,018 00	*
habitat for Humanity Greater Baton Rouge	4962 Florida Blvd., Suite 409 Baton Rouge, LA 70806	72-1141747	6,007 00	*
Habitat for Humanity Greater Boston	240 Commercial Street 4th Floor Boston MA 02109	04-2994233	500 00	*
Habitat for Humanity Greater Columbus	3140 Westerville Road Columbus OH 43224	31-1217994	500 00	*
Habitat for Humanity Greater Greensboro	PO Box 3402 Greensboro NJ 27402	56-1586870	500 00	*
Habitat for Humanity Greater Lowell	66 Tadmuck Road Suite 5 Westford, MA 01886	04-3123186	8,000 00	*
Habitat for Humanity Greater San Francisco	690 Broadway Street Redwood City CA 94063	94-3088881	1,000 00	*
Habitat for Humanity Idaho Falls Area	PO Box 51055 Idaho Falls ID 83405	82-0471181	3,600 00	*
Habitat for Humanity Kansas City Inc	1423 E Linwood Blvd. Kansas City, MO 64109	431175749	7,558 00	*
Habitat for Humanity Kent County	539 New Ave SW Grand Rapids, MI 49503-4925	38-2527968	12,315 00	*
Habitat for Humanity Las Vegas	1401 N Decatur Blvd Suite #35 Las Vegas, Nevada 89108	88-0268803	9,044 00	*
Habitat for Humanity Morris, NJ	102 Iron Mountain Road Suite H Mine Hill NJ 07803	22-2675802	9,344 00	*
Habitat for Humanity New Castle County	1920 Hutton Street Wilmington DE 19802	51-0294138	1,000 00	*
Habitat for Humanity Northern Utah	111 E Forest St Ste H Brigham City, UT 84302-2127	94-2853987	2,000 00	*
Habitat for Humanity of Benton County	908 S E. 21st Street Bentonville AR 72712	931040496	500 00	*
Habitat for Humanity of Broward	3564 N Ocean Blvd Ft. Lauderdale FL 33308	59-2320573	1,000 00	*
Habitat for Humanity of Broward	3564 N Ocean Blvd Ft. Lauderdale FL 33308	59-2320573	500 00	*
Habitat for Humanity of Broward	3564 N Ocean Blvd Ft Lauderdale FL 33308	59-2320573	400 00	*
Habitat for Humanity of Charlotte	3815 Latrobe Drive Charlotte, NC 28211	33-0587571	500 00	*
Habitat for Humanity of Coastal Fairfield	1470 Barnum Avenue Bridgeport, CT 06610	22-2597077	5,992 00	*
Habitat for Humanity of Greater Memphis	169 Scott Street Memphis, TN 38112	62-1157233	1,492.00	*
Habitat for Humanity of Greater Newburgh	PO Box 1694 Newburgh NY 12551	14-1815690	2,000 00	*
Habitat for Humanity of La Plata County	3001 N Main Avenue Durango, CO 81301	84-1284358	1,504 00	*
Habitat for Humanity of Missoula	The Warehouse Mall 725 W Alder, Ste 19 P O Box 7181 Missoula , MT , 59807	81-0467791	4,435 00	*
Habitat for Humanity of Montrose County	P O Box 162□Montrose, CO 81402	84-1140499	1,200 00	*
Habitat for Humanity of North Idaho, Inc	176 W Wyoming Avenue Hayden ID 83835	82-0425146	12,500.00	*
Habitat for Humanity of Northern Virginia	4451 First Place South Arlington VA 22204	54-1547367	500 00	*
Habitat for Humanity of Oakland County	150 Osmun Street Pontiac MI 48342	38-3244099	500 00	*
Habitat for HUmanity oF Pulaski County	PO Box 1326 Little Rock AR, 72203	710679937	1,000 00	*
Habitat for Humanity Ohio-Sandusky County	120 S Park Avenue Fremont OH 43420	34-1605960	500 00	*
Habitat for Humanity Peninsula	PO Box 1443 Newport News VA 23601	52-1431619	500.00	*
Habitat for Humanity Portland/Metro East	PO Box 11527 Portland OR 97211	93-0801200	1,000 00	*
Habitat for Humanity Raleigh, NC	2420 Raleigh Blvd Raleigh NC 27604	56-1492703	500 00	*
habitat for Humanity Sangamon County	1514 West Jefferson St Springfield, IL 62702	37-1250364	1,000 00	*
Habitat for Humanity Silicon Valley	513 Valley Way Milpitas, CA 95035-4105	93-0926083	1,000 00	*
HABITAT FOR HUMANITY SOUTH CAROLI	209 South Sumpter Street Columbia SC 29201	57-0785521	500 00	*
Habitat for Humanity Suffolk County	643 Middle Country Road Middle Island NY 11953	11-2840553	500 00	*
HABITAT FOR HUMANITY UTAH COUNTY	PO Box 32 Provo UT 84603	87-0491420	1,000 00	*
Habtiat for Humanity Lake County	315 N Martin Luther Kind Jr Ave Waukegan IL 60085	68-0459756	500 00	*
Hammer & Nails Inc	906 12th Street NW, Canton Ohio, 44703	34-1919568	2,478 00	*

BIKE AND BUILD, INC.
EIN: 36-45274531
STATEMENT 1: FORM 990, SCHEDULE I, PART II
GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES

Name	Address	EIN	Amount	Purpose
Hart County Habitat for Humanity	Hart County Habitat for Humanity P O Box 146 Hartwell, GA 30643	91-1914868	2,500.00	*
Hartford Area Habitat for Humanity	PO Box 1933 Hartford CT 06144	06-123049	500.00	*
HfH North Carolina State Campus Chapter	3115 Talley Student Center Campus Box 7306 Raleigh NC 27695	56-1492703	5,900 00	*
HFH of Prince William County	9506 Center Street Masassas VA	54-1721394	500.00	*
HfH of ALamance County, N C Inc	PO Box 5036 Burlington NC 27216	56-1597641	500.00	*
HfH of Kanawha & Putnam County	815 Court St PO Box 70160 Charleston WV 25301	62-1592375	1,400 00	*
HfH of the New River Valley	PO Box 570 Christianburg VA 24068	54-1367548	1,500 00	*
HFH, The Heart of Wyoming, Inc	P.O. Box 2886, 442 West Collins, Casper, WY 82602	83-0309016	4,435 00	*
Housing for Heroes	c/o Non-Profit Development Corporation of Danbury, Inc., 323 Main Street Danbury CT 06810	06-0813725	500 00	*
Hudson River Housing	313 Mill Street Poughkeepsie NY 12601	22-2456648	1,500.00	*
ISU Habitat for Humanity	c/o Dept of Sociology, ISU Normal, IL 61790	37-1173273	7,344 00	*
Jericho Road Episcopal Housing Initiative	1623 Seventh Street New Orleans LA 70115	72-0475542	500 00	*
Lafayette, LA Habitat for Humanity	714 Johnston Street Lafayette LA 70501	72-1208936	500.00	*
Lawrence Community Works	166-168 Newbury Street Lawrence MA 01841	04-2982308	500 00	*
Lawrence Habitat for Humanity	840B Connecticut St Lawrence KS, 66044	48-1070953	5,592 00	*
Lehigh Valley Habitat for Humanity	245 N Grahm Street Allentown PA 18109	23-2544326	500.00	*
Livingston County Habitat for Humanity	PO Box 1015 Nunda NY 14517	38-3057319	500.00	*
Lowa Lake Habitat for Humanity	PO Box 1830 Lonerlake CA 95457	68-0459756	500.00	*
Manhattan Area Habitat for Humanity	727 Poyntz Avenue (Lower Level) Manhattan, KS 66502	31-1417869	7,558 00	*
Manhattan Area Habitat for Humanity	727 Poyntz Avenue (Lower Level) Manhattan, KS 66502	31-1417869	500.00	*
Merrimack Valley Habitat for Humanity	60 Island St □Lawrence, MA 01840□	222672831	35,100 00	*
Metro Camden Habitat for Humanity	PO Box 3311 Camden NJ 08101	22-2762189	500 00	*
Milwaukee Habitat for Humanity	3726 N Booth Street Milwaukee WI 53212	39-1496741	500 00	*
Mountain Housing Opportunites, Inc.	64 Clingman Ave , Ste 101 Asheville NC, 28801	581816998	6,013 00	*
Nashville Area Habitat for Humanity	1006 8th Ave South Nashville TN 37203	58-1636286	500 00	*
Nazareth Farm, Inc	RR 2 Box 194-3 Salem WV 26426	55-0739518	1,600 00	*
Nazareth Farm, Inc.	RR 2 Box 194-3 Salem WV 26426	55-0739518	1,000 00	*
Olneyville Housing Corporation	One Curtis Street Providence RI 02909	22-3010422	4,500 00	*
Orange County Habitat for Humanity	1829 E Franklin St #1200B Chapel Hill, NC 27514	58-1603427	36,600 00	*
Paterson Habtiat for Humanity	PO Box 2585 Paterson NJ 07509	22-5598353	500 00	*
Penn Haven	3914 Locust Street Philadelphia PA 19104	23-1352685	500 00	*
Piedmont Housing Alliance	111 Monticello Ave Suite 104 Charlottesville VA 22902	52-1361731	500 00	*
Pioneer Valley Habitat for Humanity	PO Box 60642, 140 Pine Street Florence MA 01062	04-3049506	1,000 00	*
Portland, Maine Habitat for Humanity	83 Bell Street #A Portland ME 04103	22-2570213	1,000 00	*
Providence Habitat for Humanity	807 Broad Street, Room 333, Box 37□Providence, Rhode Island 02907□	50432730	70,200 00	*
Purdue Habitat for Humanity	420 S 1st St, Lafayette, IN 47905	pending	2,492 00	*
Rebuilding Together - St. Louis	357 Marshall Avenue Webster Groves, MO 63119-1827	43-1626999	2,093.00	*
Rebuilding Together - St. Louis	357 Marshall Avenue Webster Groves, MO 63119-1827	43-1626999	500.00	*
Rebuilding Together ABE	3318 Adeline Street Berkeley, CA 94703	94-3238591	5,000.00	*
Rebuilding Together Ingham County	P.O Box 1111 Okemos, MI 48805-1111	38-3337416	4,000 00	*
Rebuilding Together New Britain, Inc	200 Myrtle Street New Britain, Connecticut 06053	06-1466916	3,672 00	*
Rebuilding Together North Central Flordia	4550 SW 41st Blvd Suite 2 Gainesville FL 32608	20-3022563	1,000 00	*

BIKE AND BUILD, INC.
EIN: 36-45274531
STATEMENT 1: FORM 990, SCHEDULE I, PART II
GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES

Name	Address	EIN	Amount	Purpose
Rebuilding Together Oakland	1111 Pine Street Oakland, CA 94607-1446	94-3213325	1,785 00	*
Rebuilding Together of Richmond	PO Box 8508 Richmond VA 23226	54-1652359	5,000 00	*
Rebuilding TOgether Orange County	625 Cypress Avenue Santa Ana, CA 92701-5831	33-0587571	500 00	*
Rebuilding Together Silicon Valley	2827 Aiello Dr San Jose, California 95111	77-0289381	2,350 00	*
Rebuilding Together South Sound	2025 Mildred Street W Fircrest, WA, 98466	91-2147601	5,123.00	*
Rebuilding Together Springfield	1 Federal Street, Bldg 101 Springfield, MA 01105	04-3172737	2,594 00	*
Rebuilding Together Tulsa	14 East 7th Street Tulsa, OK 74119-1213	73-1528164	3,768.00	*
ReCreation Expenences	53 Red Oak School Road Weaverville, NC 28787	80-0025064	5,119 00	*
Restoration of the Heart, Inc	404 Foorer Place Cumberland MD 21502	432071529	1,000 00	*
Riverside Habitat for Humanity	2121 Atlanta Avenue Suite B Riverside CA 92507	330288930	500 00	*
Rock County Habitat for Humanity	320 E Milwaukee Street Janesville, WI 53547-8204	39-1663862	4,000 00	*
Sea Island Habitat for Humanity	2545 Bohicket Rd., Johns Island, SC 29455	57-0840667	8,463.00	*
South County Habitat for Humanity	1555 Shannock Road, Shannock, RI 02875	05-0450845	5,913.00	*
Southeast NH Habitat for Humanity	PO Box 4428 Portsmouth NH, 03802	02-0475356	500.00	*
Southern Ocean County HfH	668 West Main Street West Creek NJ 08092	22-3369985	1,000 00	*
Southwest Solutions	1920 25th Street Detroit MI 48216	84-0853925	500 00	*
St. Bernard Project	8324 Parc Place Chalmette LA 70043	26-2189665	12,404 00	*
Stepping Stones Inc	PO Box 1366 Bloomington IN 47402	06-1730901	500 00	*
SWAP(Stop Wasting Abandoned property)	439 Pine Street, Providence, RI 02907	05-0370946	500 00	*
Trinity College Campus Chapter of HfH	300 Summit Street Hartford CT 06106	06-0646927	500 00	*
Tuscarawas Valley Habitat for Humanity	PO Box 2216 Dover OH 44622	34-1923705	500 00	*
Twin Cities Habitat for Humanity	3001 4th St SE Minneapolis MN 55414	36-3363171	500 00	*
University of Flordia HfH	42030104 Keys Complex Gainesville FL 32612	59-2750078	500 00	*
University of Kentucky HfH	106B Student Center, University of Kentucky Lexington KY, 40506	67-6033693	5,600 00	*
University of Wisconsin HfH	4407 Student Activity Center 333 E Campus Mall Madison WI 53715	391617445	500 00	*
UVA Habitat for Humanity	Newcomb Hall PO Box 400715 SAC Box 398 Charlottesville VA 22904	54-169-4664	500 00	*
UVA School of Architecture Foundation	UVA Campbell Hall PO Box 400122 Charlottesville VA 22904	20-1154531	500 00	*
UVA School of Architecture Foundation	UVA Campbell Hall PO Box 400122 Charlottesville VA 22904	20-1154531	500.00	*
Vashon Household	PO Box 413 Vashon WA 98070	91-1517448	500.00	*
Vision Long Island	24 Woodbine Avenue Suite 1 Northport NY 11768	11-3438364	500.00	*
Waterville Area Habitat for Humanity	PO Box 1972 Waterville ME 04903	01-0544480	500 00	*
We are Friends in Need, dba FIN	111 Oglewood Lane Gatlinburg, TN 37738	26-3340988	2,373 00	*
Weshelter, C/O Northern Middlesex HfH	45 Wyllys Avenue Middletown CT 06457	22-3470853	500 00	*
Western Monmouth County HfH	PO Box 62 Freehold NJ 07728	52-17374717	1,000 00	*
			1,000 00	*
			734,518.91	

*** - GRANTS TO PROVIDE FUNDING FOR AFFORDABLE HOUSING PROJECTS CHIEFLY PLANNED AND EXECUTED BY STUDENTS AND YOUNG ADULTS.**

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	BIKE AND BUILD INC	36-4524531
	Number, street, and room or suite no. If a P.O box, see instructions. 6109 RIDGE AVENUE, BLDG 2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19128	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

ROSEMARY DERITA, EXECUTIVE DIRECTOR

- The books are in the care of ▶ C/O BIKE AND BUILD INC - 19128
  Telephone No ▶ 2673318488 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until JUNE 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning NOV 1, 2008, and ending OCT 31, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	BIKE AND BUILD INC		36-4524531
	Number, street, and room or suite no. If a P O. box, see instructions. 6109 RIDGE AVENUE, BLDG 2		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19128		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ROSEMARY DERITA, EXECUTIVE DIRECTOR 6109 RIDGE AVENUE, BLDG 2 - PHILADELPHIA, PA 19128
  Telephone No. ▶ 2673318488 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until SEPTEMBER 15, 2010.

5 For calendar year _____, or other tax year beginning NOV 1, 2008, and ending OCT 31, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL INFORMATION IS NEEDED TO FILE A COMPLETE AND ACCURATE REPORT

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Jordan P Sachs CPA Title ▶ ~~EXECUTIVE DIRECTOR~~ Date ▶ 6/9/10

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