# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning  $NOV^{-1}$  , 2019, and ending  $OCT^{-31}$  , 20 20

OMB No. 1545-1878

Department of the Treasury

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

The first internal Revenue Service Go to www.irs.gov/Form88/9EO for the latest information.	
Name of exempt organization	Employer identification number
BIKE AND BUILD, INC.	36-4524531
Name and title of officer	
DYLAN MAGUIRE	
TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I.  1a Form 990 check here   b Total revenue, if any (Form 990, Part VIII, column (A), line 12)  5a Form 990-EZ check here   b Total revenue, if any (Form 990-EZ, line 9)  5a Form 1120-POL check here   b Total tax (Form 1120-POL, line 22)  5a Form 8868 check here   b Tax based on investment income (Form 990-PF, Part VI, line 5)  consider that I am an officer of the above organization and that I have examined a copy electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they a curther declare that the amount in Part I above is the amount shown on the copy of the organization's electronic returnediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate and elebit) entry to the financial institution account indicated in the tax preparation software for payment of the organizaterum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution to debit the entry to the payment (settlement) date. I also authorize the financial institution account indicates and the financial institution account indicates and the payment (settlement) date. I also authorize the financial institution account the payment (settlement) date. I also authorize the fina	then leave line 1b, 2b, 3b, 4b, or 5b, e line below. Do not complete more  1b
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic representation's consent to electronic funds withdrawal.	d resolve issues related to the
Officer's PIN: check one box only	
X   authorize ST. CLAIR CPAS, P.C.	to enter my PIN 19128
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut enter my PIN on the return's disclosure consent screen.	• •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 of indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ► <u>Dylan Maguire</u> Date ► 2/16/20	21
Part III   Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.  22679208109  Do not enter all zeros	
certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeFige-file Providers for Business Returns.	•
ERO's signature ► WILLIAM P. ST. CLAIR, CPA  Date ► 01/	25/21
ERO Must Retain This Form - See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

# (Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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/Form990 for instructions and the latest information. ax year beginning NOV 1, 2019 and ending OCT 31,

Open to Public

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning $$ NOV $1$ , $$ $2019$ $$ and ending	OCT 31, 2020	
В	Check if applicable	C Name of organization	D Employer identific	cation number
Г	Address change	BIKE AND BUILD, INC.		
	Name change	Doing business as	36-45245	31
F	□Initial □return □Final	Number and street (or P.O. box if mail is not delivered to street address)  1901 S. 9TH STREET  Room/s 410	uite E Telephone numbe (267)331	
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	456,941.
Г	Amende return		H(a) Is this a group re	
Г	Applica		for subordinates	
	pending		91 <b>H(b)</b> Are all subordinates in	
$\overline{\Gamma}$	Tax-exe			list. (see instructions)
		BIKEANDBUILD.ORG	H(c) Group exemptio	,
K	orm of o	organization: X Corporation Trust Association Other LY	ear of formation: 2003 N	
	art I	Summary		
•	1 E	Briefly describe the organization's mission or most significant activities: THROUGH	SERVICE ORIEN	TED CYCLING
Activities & Governance	3	TRIPS, BIKE & BUILD BENEFITS AFFORDABLE HOUS	ING.	
ern		Check this box $lacktriangle$ if the organization discontinued its operations or disposed of n		
Š		Sumber of voting members of the governing body (Part VI, line 1a)		11
«×		Sumber of independent voting members of the governing body (Part VI, line 1b)		11
ties		otal number of individuals employed in calendar year 2019 (Part V, line 2a)		<u>5</u> 2
⋛	6 7	otal number of volunteers (estimate if necessary)	6	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	ים	Net unrelated business taxable income from Form 990-T, line 39	Prior Year	Current Year
_	8 (	Contributions and grants (Part VIII, line 1h)	709,484.	433,080.
une			0.	0.
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,138.	11,150.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	5,989.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	712,622.	450,219.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,425.	2,926.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	254,169.	199,291.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xbe	b⊺	Total fundraising expenses (Part IX, column (D), line 25)   39,016.		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	372,256.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	740,850.	396,356.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12	-28,228.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
SSE	20 1	fotal assets (Part X, line 16)	282,657. 115,487.	226,995. 5,962.
let /	21 7	otal liabilities (Part X, line 26)	167,170.	221,033.
P	22   N art	let assets or fund balances. Subtract line 21 from line 20	107,170.	221,033.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	v knowledge and belief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		, moments
		Dylan Maguire	2/16/2021	
Sig	n	Signature of officer	Date	
Hei		DYLAN MAGUIRE, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d [v		R01/25/21 if self-employed	P00886486
		Firm's name ST. CLAIR CPAS, P.C.	Firm's EIN	23-2653765
Use	Only	Firm's address 28 S. CENTRE STREET		T.C.\ 400 T.C.
		MERCHANTVILLE, NJ 08109	Phone no. (8	
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Par	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 171,523 • including grants of \$ 2,926 • ) (Revenue \$ 0 • )
	IN 2020, BIKE & BUILD DID NOT RUN ANY CROSS COUNTRY OR REGIONAL CYCLING
	TRIPS DUE TO THE COVID-19 PANDEMIC. INSTEAD, BIKE & BUILD ENGAGED
	HUNDREDS OF RIDERS, ALUMNI, AND COMMUNITY MEMBERS IN VIRTUAL
	EXPERIENCES PROMOTING AFFORDABLE HOUSING EDUCATION, ADVOCACY AND
	ENGAGEMENT. THOUGH OUR 2020 TRIPS WERE POSTPONED, WE ENGAGED TWO RIDERS
	IN AN 8 WEEK LONG INTERNSHIP PILOT PROGRAM THAT WILL EXPAND IN 2021,
	ALLOWING US TO ACHIEVE OUR MISSION IN NEW WAYS.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	/ (Note that I would be a second of the seco
4c	(Code:) (Expenses \$
	, , , , , , , , , , , , , , , , , , , ,
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 171,523.
	Form <b>990</b> (2019)

# Form 990 (2019) BIKE AND BUILD, INC. 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			. v
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	, 1 , , ,	14a		^
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
·	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	L

### Form 990 (2019) BIKE AND BUILD, IN Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<b> </b>		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		<del></del>
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	

### BIKE AND BUILD, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	,	6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it were asset to be a self-control of the organization sell, exchange, or otherwise dispose of tangible personal property for which it were asset to be a self-control of the organization sell, exchange, or otherwise dispose of tangible personal property for which it were asset to be a self-control of the organization sell, exchange, or otherwise dispose of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for which it were a self-control of tangible personal property for the self-control of tangible personal	·	_		v
	to file Form 8282?		7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property did the organization file.		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, and the organization received a contribution of cars, airplanes, or other vehicles, and the organization received a contribution of cars, and the organization received a contribution of cars, and the organization received a contribution received		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/!!		
Ū	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Ditti		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		,-		v
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.	t in a suns 0	40		Y
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
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, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?		v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	Λ	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		х
L	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Λ
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
800	tion C. Disclosure	16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ►AK , AL , AR , AZ , CA , CO , CT , DC , FL	GA	нт	TT.
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
10	for public inspection. Indicate how you made these available. Check all that apply.	jo Urily	, avall	auit
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
19	statements available to the public during the tax year.	u iiildl	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CASEY EISENREICH - (267)331-8488			
	1901 S. 9TH STREET, PHILADELPHIA, PA 19148			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ted any current officer,	director, or trustee.	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week	_	cer ar	iu a u	recio	rrus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		99/	mpen		(***271033***********************************		and related
	below	dualt	rtiona	_	mplo	st co	 			organizations
	line)	Individual trustee or director	Institi	Officer	Key employee	Highest compensated employee	Former			
(1) DANNY MCGEE	1.00									
BOARD MEMBER		Х			K			0.	0.	0.
(2) EMILY HITTNER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) RYAN LOCKMAN	1.00	4	K							
BOARD MEMBER		X						0.	0.	0.
(4) BETH HALEY	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(5) JACK GROSS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MARINA COTARELO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JANETTE CHIEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STEPHANIE FENNIRI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) AMANDA CRAWFORD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DYLAN MAGUIRE	2.00							_	_	_
TREASURER				X				0.	0.	0.
(11) SKIP BURNS	2.00									
CHAIRPERSON				Х				0.	0.	0.
(12) BRIAN WEGNER	2.00			l						
SECRETARY				Х				0.	0.	0.
										_
		-								
		1								
		$\vdash$				$\vdash$				
		1								
			1	l		l	l			

Part	Section A. Officers, Directors, Trus	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)					
	(A)	(B)		(C) (D)					(D)	(E)			(F)	
	Name and title	Average hours per week	box,	not c	ss pe	more erson	n e than is bot or/trus	th an	Reportable compensation from	Reportable compensatio from related		an	timate nount o other	of
		(list any hours for related	Individual trustee or director	trustee		a	pensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	SC) fror		pensa om the anizat	e ion
		organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relate anizatio	
			_											
			_											
	_		_				<u> </u>							
							-			)				
							-							
			_											
			_											
1b	Subtotal	<u> </u>				7		<b>•</b>	0.		0.			0.
	Total from continuation sheets to Part VI							▶	0.		0.			0.
	Total (add lines 1b and 1c)					-		<u> </u>	0.		0.			0.
	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportabl	e ——		Yes	No
	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•	•		_	ghest compensated emp	•		3	res	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from			4		Х
	Did any person listed on line 1a receive or a					-			ed organization or indiv	idual for services				
	rendered to the organization? If "Yes," comion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son					5		X
1	Complete this table for your five highest co										pens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	eare	enai	ing v	vitri	or w	/itmir	the organization's tax (B)	year.		(C	;)	
	Name and business	address	NC	INC	E				Description of s	services		compe	nsatio	n
2	Total number of independent contractors (i	including but n	not lir	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi.	zation >				(	0					Form !	990 (	2010

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 7,459. **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d 45,403. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 380,218 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 433,080. h Total. Add lines 1a-1f ..... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 150 150. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 11,000. 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b 11,000 c Gain or (loss) \_\_\_\_\_\_7c 11,000. 11,000. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 6,722 6,722. **b** Less: cost of goods sold 0. c Net income or (loss) from sales of inventory **Business Code** 5,989. 11 a MISCELLANEOUS INCOME 900099 5,989. b d All other revenue 5,989. e Total. Add lines 11a-11d 450,219. 11,000. Total revenue. See instructions 12

### 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).

3601	On 50 I (c)(3) and 50 I (c)(4) organizations must com			· · · · · · · · · · · · · · · · · · ·	
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	2 026	2 026		
_	and domestic governments. See Part IV, line 21	2,926.	2,926.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	173,834.	55,014.	93,379.	25,441.
8	Pension plan accruals and contributions (include	.,		, , ,	<u> </u>
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,564.	3,426.	6,395.	1,743.
10	Payroll taxes	13,893.	4,397.	7,463.	1,743. 2,033.
11	Fees for services (nonemployees):	-			<u>-</u>
а	Management				
	Legal	1,706.		1,706.	
	Accounting	5,409.		5,409.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 105			
	column (A) amount, list line 11g expenses on Sch O.)	9,487.	0.040	9,487.	4 620
12	Advertising and promotion	7,581.	2,949.	401	4,632.
13	Office expenses	481.	C 005	481.	012
14	Information technology	18,627.	6,095.	11,719.	813.
15	Royalties	9,894.	2,474.	6,430.	990.
16	Occupancy	3,281.	3,281.	0,430.	330.
17	Travel	3,201.	3,201.		
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	·			
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,239.	7,572.	8,667.	
23	Insurance	30,084.	27,289.	2,598.	197.
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	TRIPS	34,525.	34,525.		
b	AUTO	31,941.	18,035.	13,906.	
С	DUES	12,989.		12,989.	
d	PROGRAM ACTIVITIES	4,992.	2,869.		2,123.
е	All other expenses	6,903.	671.	5,188.	1,044.
25	Total functional expenses. Add lines 1 through 24e	396,356.	171,523.	185,817.	39,016.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (2010)
	0.01.00.00				

### Form 990 (2019) Part X Balance Sheet

· u	ILA	Dalance Sneet		P 1 H 1 B 1 V			
		Check if Schedule O contains a response or I	note to ar	y line in this Part X	(A)	I	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			164,881.	1	75,546.
	2	Savings and temporary cash investments			30,472.	2	110,782.
	3	Pledges and grants receivable, net		3	-		
	4	Accounts receivable, net	6,125.	4	0.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri				6	
S.	7	Notes and loans receivable, net		The state of the s		7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			37,610.	9	13,337.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	240,704.			
	b	Less: accumulated depreciation		213,374.	43,569.	10c	27,330.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line (	3)	282,657.	16	226,995.
	17	Accounts payable and accrued expenses			115,487.	17	5,962.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	. Complete Part X		٥-	
	26	of Schedule D			115,487.	25 26	5,962.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or			113,4076	20	3,302
es		and complete lines 27, 28, 32, and 33.	HECK HE	e - 11			
auc	27	Net assets without donor restrictions			93,003.	27	110,666.
Bala	28	Net assets with donor restrictions			74,167.	28	110,367.
힏	20	Organizations that do not follow FASB ASC			, _ , _ , _ ,	20	220,007
Ē		and complete lines 29 through 33.	, 500, CII				
ō	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or		F		30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		<b>_</b>	167,170.	32	221,033.
_	33	Total liabilities and net assets/fund balances			282,657.	33	226,995.

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments	45 39 5	0,2 6,3 3,8 7,1	56. 63.
6 7 8	Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8			
9 10	Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10	22	1,0	33.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	2a		Х
b	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3а	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?	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BIKE AND BUILD, INC. 36-4524531 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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 Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf				4		
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	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support				_		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for				•		
0-	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publ		<del>_</del>			1 1	
	Public support percentage for 2019 (I					14	<u>%</u>
	15 Public support percentage from 2018 Schedule A, Part II, line 14						
16a		_					
	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the conditions have The averaging time and	•				•	
47-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					-	
L	meets the "facts-and-circumstances"						
O	10% -facts-and-circumstances test						
	more, and if the organization meets the		•				
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box of lifte 13, 16	a, 100, 17a, 01 17	D, CHECK THS DOX 8	and see mstruction	ıs <b>▼</b> □ □

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	nete Part II.)					
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	(-, : :	(-7	(=,==:	(-,	(-)	(4)	
-	membership fees received. (Do not							
	include any "unusual grants.")	1538139.	793,019.	721,521.	685,336.	250,216.	3988231.	
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		·	•				
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ-						_	
	ization's benefit and either paid to							
	or expended on its behalf	37,517.	34,335.	27,629.	29,365.	6,722.	135,568.	
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	1575656.	827,354.	749,150.	714,701.	256,938.	4123799.	
78	Amounts included on lines 1, 2, and						_	
	3 received from disqualified persons						0.	
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.	
	amount on line 13 for the year						0.	
	Add lines 7a and 7b						4123799.	
Sec	Public support. (Subtract line 7c from line 6.)						11237331	
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(a) 2019	(f) Total	
	Amounts from line 6	1575656.	827,354.	(c) 2017 749, 150.	(d) 2018 714,701.	(e) 2019 256, 938.	(f) Total 4123799.	
	Gross income from interest,			, , , , , , , , , , , , , , , , , , , ,				
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,990.	2,239.	698.	438.	150.	5,515.	
k	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	1 000	0 000	600	420	150	F F1F	
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,990.	2,239.	698.	438.	150.	5,515.	
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.)	1577646.	829,593.	749,848.	715,139.	257,088.	4129314.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here						<b>&gt;</b>	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	99.87 %	
Se	ction D. Computation of Inves	stment Incom	e Percentage			· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 20					17	.13 %	
	Investment income percentage from 2					18	%	
19a	33 1/3% support tests - 2019. If the	-						
t	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						and X	
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions		

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
>	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	ioa		
	10b		
m 9	90 or 99	90-EZ)	2019

Pai	rt IV   Supporting Organizations (continued)			ige <b>c</b>
I G	rt IV   Supporting Organizations <sub>(continued)</sub>		Vac	No
44	Lies the examination eccented a gift or contribution from any of the following necessary		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		<b>—</b>
	A family member of a person described in (a) above?	11b		<del>                                     </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	Dia and digarization oxoroide a dubstantial degree of an edition over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instr				
	other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(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			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	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			
С	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 <b>Part VI.</b> 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:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Dort VI	from ode of ode E2 Zero
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
	V V
	<b>→</b>
<u>.</u>	

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2019

BIKE AND BUILD, INC. 36-4524531 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule Tor an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 
\$ \_\_\_\_\_\_

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

#### BIKE AND BUILD, INC.

36-4524531

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SMALL BUSINESS ADMINISTRATION		Person X Payroll
	409 3RD ST WASHINGTON, DC 20416	\$ 45,403.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GM ROAD SAFETY GRANT		Person X
	PO BOX 33170	\$ 30,000.	Payroll Noncash
	DETROIT, MI 48323		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROWAN FOUNDATION  1400 TANYARD ROAD  SEWELL, NJ 08080	\$ <u>125,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
000450 44 0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### BIKE AND BUILD, INC.

36-4524531

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number 36-4524531 BIKE AND BUILD, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BIKE AND BUILD, INC.

Employer identification number 36-4524531

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		·
	-	(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds	
	are the organization's property, subject to the organization's	•		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai			Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically	important land area
	Protection of natural habitat	Preservation o	f a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by th	ne organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easeme	nts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	e statement a	and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that de	scribes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections or		Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	·		
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·		f public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on 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 tre-	asures, or other similar assets for financi	al gain, provid	de
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			
h	Assets included in Form 990, Part X		<b>•</b>	\$

a large the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a Public exhibition	Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures,	or Other	Similar As	sets(conti	nued)	<u> </u>
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other record	s, check any of t	he following tha	at make sig	nificant use of	its		
b Scholarly research e		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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?  Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 include on Form 990, Part X, line 21.  1a Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following fable:  Additions during the year  1c Eding balance  1d Additions during the year  1e Eding balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization bras been provided on Part XIII or Part XIII Check here if the explanation has been provided on Part XIII or Par	а	Public exhibition	d	Loan or e	xchange progr	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solict or receive donations of art, historical treasures, or other similar assests.  10 be sold to raise funds atther than to be maintained asp and of the organization's collection?  10 In the organization and program and the properties of the organization answered "Yes" on Form 990, Part IV, line 9, or represent an amount on Form 990, Part XIII and complete the following table:  10 Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table:  10 Beginning balance  11	b	Scholarly research	е	Other						
5 buring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soft to raise funds rather than to be maintained as part of the organization's collection?   Yes   No reported an amount on Form 990, Part X, line 21.	С	Preservation for future generations								
To be sold for raise funds rather than to be maintained as part of the organization's collection?    Yes   No	4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizat	ion's exem	ot purpose in F	Part XIII.		
Part W   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV   Wes   No on Form 990, Part XV   Yes   No on High Yes   Ye	5	During the year, did the organization solicit or	r receive donations o	of art, historical t	easures, or oth	ner similar a	ssets			_
Teleported an amount on Form 990, Part X, line 21.   Teleported an any angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Teleported on Form 990, Part X   Teleported on Part XIII and complete the following table:    Comparison   Teleported on Part XIII   Teleported										No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Additions during the year □ Distributions during the year □ Ending balance □ Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No □ If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII □ Part V □ Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI into 10. □ Ret investment earnings, gains, and losses □ Contributions □ No Entire Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Grants or scholarships □ Contributions □ No Entire Year (d) Prior year (e) Two years back (d) Three years back (e) Four years back (d) Grants or scholarships □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: □ Board designated or quasi-endowment Funds or in the possession of the organization that are held and administered for the organization by: □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b, and 2c should equal 100%. □ The percentages on lines 2a, 2b,	Pai			te if the organiza	tion answered	"Yes" on F	orm 990, Part	IV, line 9, o	r	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    Complete the pollowing the pear		· · · · · · · · · · · · · · · · · · ·								
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a			-						7
c Beginning balance d Additions during the year e Distributions during the year 1 ted								Yes		<b>∐</b> No
c Beginning balance d Additions during the year 1 tell of the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses of Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  b Perrovide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment ▶ 96  c Term endowment ▶ 96  c Term endowment ▶ 96  c Term endowment Improved the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ives on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization sendowment tunds.  Part V Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization sendowment tunds.  Buildings  c Lasshold improvements  d Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
d Additions during the year   1d   1e   1f   1								Amoun	t	
e Distributions during the year f 1 Ending balance   2 Ending balance										
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Beginning of year balance  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (b) Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   5 Permanent endowment   6 The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related o										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or oustodial account liability?    Format   Fo	е									
Describe in Part XIII the interested organizations   Describe in Part XIII   Check here if the explanation has been provided on Part XIII   Describe in Part XIII the intended uses of the organization's endowment funds.								1		<del></del>
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-					?	Yes		_ No
(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 Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Related organizations  5 b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value dependent of Equipment (d) Equip	Pai	Elidowillett Fullus. Complete if						alı ( ) Favr		h a alı
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment Separate designated or quasi-endowment Separate d		<u></u>	(a) Current year	(b) Prior year	(c) Two yea	rs back (a	) Triree years ba	CK (e) FOU	ryears	раск
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  %  Fermanent endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other  Other  240,704, 213,374, 27,330,										
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_									
and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶  yernament endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  c Other  Other  240,704. 213,374. 27,330.										
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	•								
g End of year balance										
Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶										
a Board designated or quasi-endowment ▶	_	-		<i>**</i>						
b Permanent endowment ▶			ent year end balanc		n (a)) neid as:					
Term endowment	_	· -	0/	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization  by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) R		. · · · · · · · · · · · · · · · · · · ·								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other  240,704. 213,374. 27,330.	С									
Second   S	2-					al & Al				
(ii) Unrelated organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  240,704. 213,374. 27,330.	за		ssion of the organiza	ation that are nei	and administ	ered for the	organization	1	Vaa	N <sub>2</sub>
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  Buildings  c Leasehold improvements  d Equipment  e Other  240,704. 213,374. 27,330.								20(1)	res	INO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other  240,704. 213,374. 27,330.										
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land bBuildings CLeasehold improvements CLe	h	If "Voe" on line 32(ii) are the related erganize	tions listed as requir	od on Schodulo	 D2			3a(11)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation			*					00		<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  basis (other)  basis (other)  c Leasehold improvements d Equipment e Other  240,704. 213,374. 27,330.				WITICITE TUTIOS.						
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation				). Part IV. line 11a	. See Form 99	0. Part X. lir	ne 10.			
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  240,704. 213,374. 27,330.			1					(d) Boo	k valu	<u>е</u>
1a Land         b Buildings         c Leasehold improvements         d Equipment         e Other       240,704 • 213,374 • 27,330 •		2333.,233 31,213,233,3						(3, 200		-
b Buildings c Leasehold improvements d Equipment 240,704 . 213,374 . 27,330 .	1a	Land	<u> </u>	·	. ,					
c Leasehold improvements       d Equipment         d Equipment       240,704.       213,374.       27,330.										
d Equipment										
e Other 240,704. 213,374. 27,330.	d									
	е			2	240,704.	21	3,374.	2	7,3	30.
				X, column (B), lin	e 10c.)			2	7,3	30.

Schedule D (Form 990) 2019 BIKE AND BU	ILD, INC.		36-4524531 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11b. 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
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A)			
		A	
(B)		<u> </u>	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must equal Form 000 Part V and (P) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	5 A 222 D 1 1 1 1	11   0   F   000 B	
Complete if the organization answered "Yes"		ne 11d. See Form 990, Part X, line 15.	(h) Deelevelve
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	▼		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>•</b>
Part X Other Liabilities.	<i>- 10.</i>		<u> </u>
Complete if the organization answered "Yes"	on Form 990 Part IV li	ne 11e or 11f See Form 990 Part X line	۵ 25
(a) Description of link life.	0111 01111 000, 1 411 14, 11	The Tre of Tri. Gee Form 330, Fare X, III.	(b) Book value
· · · · · · · · · · · · · · · · · · ·			(S) Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

(6) (7) (8)

5

36-4524531 Page 4 BIKE AND BUILD, INC. Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 456,941. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c 6,722 d Other (Describe in Part XIII.) 6,722. e Add lines 2a through 2d 2e 450,219. 3 Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 403,078. Total expenses and losses per audited financial statements 1 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 c Other losses d Other (Describe in Part XIII.)

6,722. 2e e Add lines 2a through 2d 396,356. 3 Subtract line 2e from line 1 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

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b 396,356. 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

#### Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. NO PROVISION FOR INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS THE ORGANIZATION HAS NO ACTIVITIES SUBJECT TO TAXABLE UNRELATED BUSINESS INCOME TAX. THE ORGANZIATION IS NOT A PRIVATE FOUNDATION.

THROUGH OCTOBER 31, 2020, THE ORGANIZATION RECOGNIZED NO UNCERTAIN TAX POSITIONS NOR ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)	36-4324531 Page 5
POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE	EXPIRATION OF THE
RELATED STATUTES OF LIMITATIONS ON THOSE TAX RETURNS.	IN GENERAL, THE
FEDERAL AND STATE INCOME TAX RETURNS HAVE A THREE YEAR S	STATUTE OF
LIMITATIONS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
APPARREL SALES	6,722.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
APPARREL SALES	6,722.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  BIKE AND	BUILD, IN	·C.					Employer identification number $36-4524531$	
Part I General Information on Grants a	nd Assistance							
Does the organization maintain records     criteria used to award the grants or assi     Describe in Part IV the organization's propert II  Grants and Other Assistance to	stance? ocedures for monit	toring the use of grant	funds in the Unite	d States.			X Yes N	lo
recipient that received more than	=				anization answered	res on Form 990, Part	. IV, IIIIe 21, IOr arry	
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 noncash assistance	(h) Purpose of grant or assistance	
COMMUNITY REBUILDS 150 S 200 E	00 5636605		5.050	(A)				
MOAB, UT 84532  MOVEMENT FOR JUSTICE EL BARRIO 125 E 105TH	20-5636697		5,250.	0.			GENERAL PURPOSE	
NEW YORK, NY 10029	45-0927557	OP	5,250.	0.			GENERAL PURPOSE	
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ie line 1 table		I	1	<b>&gt;</b>	_

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

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

Schedule I (Form 990) (2019)

(a) Type of grant or assistance	<b>(b)</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 noncash assistance
		1			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION REQUIRES ALL GR	ANTEES TO I	DEMONSTRAT	E PROOF OF	501(C)(3)	
REGISTRATION STATUS BEFORE FUNDS	WERE AWAR	DED. THE	ORGANIZATI	ON EVALUATED	
THE IMPACT OF ALL COMPETITIVE GR.	ANTS MADE '	THROUGH TH	IE IMPACT S	URVEYS TO	
COLLECT BOTH QUANTITATIVE AND QU	ALITATIVE 1	DATA ON TH	IE EFFECTIV	ENESS OF	
GRANT MONEY DISTRIBUTED.					

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BIKE AND BUILD, INC.

**Employer identification number** 36-4524531

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

THE INDEPENDANT CPA FIRM EMAILS A COPY OF THE FORM 990 DRAFT TO THE DIRECTOR OF OPERATIONS AND OUTREACH, WHO FORWARDS A COPY TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR THEIR APPROVAL. ANY AND ALL QUESTIONS ARE ADDRESSED AND RESOLVED WITH THOSE CHARGED WITH GOVERNANCE, MANAGEMENT, AND THE CPA FIRM PRIOR TO FILING THE RETURN. ONCE QUESTIONS ARE RESOLVED, THE BOARD APPROVES THE RETURN AND THE PREPARER PROVIDES A FINAL DRAFT FOR THE ORGANIZATION'S SUBMISSION TO THE PROPER GOVERNING BODIES NOT FILED BY THE PREPARER.

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

WHEN ANY MATTER COMES BEFORE THE BOARD OR ANY COMMITTEE OF THE BOARD IN WHICH THE DIRECTOR HAS AN INTEREST, THAT INTEREST SHALL BE IMMEDIATELY DISCLOSED TO THE BOARD OR COMMITTEE. THE BOARD OR COMMITTEE WILL MAKE THE DETERMINATION OF THE EXISTENCE OF THE CONFLICT OF INTEREST, AS WELL AS REVIEW ANY SUCH CONFLICT. NO DIRECTOR SHALL VOTE ON ANY MATTER IN WHICH HE OR SHE HAS AN INTEREST. THE BOARD, THROUGH MAJORITY VOTE, MAY REQUEST A DIRECTOR TO NOT PARTICIPATE WHEN HE OR SHE HAS AN INTEREST IN THE DISCUSSED MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE POSITION CURRENTLY COVERED UNDER SENIOR MANAGEMENT COMPENSATION POLICY IS THE DIRECTOR OF OPERATIONS AND OUTREACH. THE ORGANIZATION'S BOARD OF DIRECTORS, OR A DELEGATED COMMITTEE OF THE BOARD ("THE "APPROVAL BODY"), REVIEWS AND APPROVES THE COMPENSATION OF ANY COVERED INDIVIDUAL.

COMPENSATION ARRANGEMENT MUST BE APPROVED IN ADVANCE BY THE APPROVAL BODY

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization BIKE AND BUILD, INC.	Employer identification number 36-4524531
COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLI	CT OF INTEREST
WITH RESPECT TO THE COMPENSATION ARRANGEMENT. THE APPROV	AL BODY SECURES
COMPARABILITY DATA THAT DOCUMENTS COMPENSATION LEVELS FOR	SIMILARLY
QUALIFIED INDIVIDUALS IN LIKE POSITIONS AT LIKE ORGANIZAT	IONS. PAST
PERFORMANCE, FUTURE DEMANDS, AND EXPECATIONS OF THE ROLE	OF THE COVERED
INDIVIDUALS ARE ALSO FACTORS TO DETERMINE COMPENSATION.	DECISIONS
REGARDING THE COMPENSATION ARRANGEMENT ARE CONTEMPORANEOU	SLY DOCUMENTED.
THE LAST COMPENSATION POLICY REVIEW WAS PERFORMED BY THE	ORGANIZATION IN
APRIL 2012."	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN,	MS,NC,ND,NH,NJ,NM
NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANC	IAL STATEMENTS
AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS. IN	ADDITION,
FINANCIAL INFORMATION IS POSTED ON OUR WEBISTE.	