

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning _____, **and ending** _____

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type See Specific Instructions	C Name of organization WORKING BIKES			D Employer identification number 54-2138339	
	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephone number	
	223 SOUTH EAST AVE			(773) 320-7210	
	City or town	State or country	ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
OAK PARK	IL	60302	<input type="checkbox"/> Other (specify) ▶		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶ _____

H(c) Are all affiliates included? Yes No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ _____

G Website: ▶ www.workingbikes.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

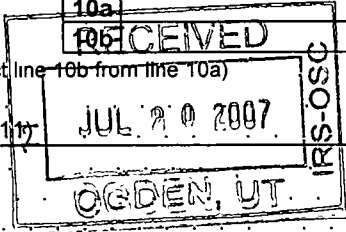
K Check here if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require a complete return.

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 121,918

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support	1a	15,400
	b	Indirect public support	1b	
	c	Government contributions (grants)	1c	
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ 15,400)	1d	15,400
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	106,518
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	
	6a	Gross rents	6a	
6b	Less: rental expenses	6b		
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ _____)	7		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
		Less: cost or other basis and sales expenses	8a	
		Gain or (loss) (attach schedule)	8b	
		Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
8d				
Revenue	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
		a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
		b Less: direct expenses other than fundraising expenses	9b	
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
Revenue	10a	Gross sales of inventory, less returns and allowances		
		Less cost of goods sold		
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		
10c				
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	121,918	
Expenses	13	Program services (from line 44, column (B))	13	83,486
	14	Management and general (from line 44, column (C))	14	
	15	Fundraising (from line 44, column (D))	15	
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	83,486
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	38,432
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	61,780
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	100,212



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 5,450 noncash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22	5,450	5,450	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	6,286	6,286	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	1,335	1,335	
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	1,156	1,156	
33	Supplies	33	4,404	4,404	
34	Telephone	34	665	665	
35	Postage and shipping	35			
36	Occupancy	36	18,514	18,514	
37	Equipment rental and maintenance	37	546	546	
38	Printing and publications	38			
39	Travel	39	3,912	3,912	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	400	400	
43	Other expenses not covered above (itemize):				
a	International Shipping	43a	26,551	26,551	
b	Cost of Used Bikes	43b	3,603	3,603	
c	Sales Tax	43c	4,718	4,718	
d	Insurance	43d	2,302	2,302	
e	Locks and Helmets	43e	5,533	5,533	
f	Reimbursements from Partners	43f	-1,889	-1,889	
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	83,486	83,486	

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>Recycle & Distribute Bicycles and Wheelchairs</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a The organization acquired, repaired and shipped wheelchairs and bicycles to charitable organizations in Africa and Latin America to be distributed to people in need. _____ _____ _____ (Grants and allocations \$ <u>60,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	46,866
b The organization acquired, repaired and distributed to needy individuals in the Chicagoland area hundreds of wheelchairs and bicycles. _____ _____ _____ (Grants and allocations \$ <u>30,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29,970
c The organization educated various youth and neighborhood groups on bicycle repair and bike safety. _____ _____ _____ (Grants and allocations \$ <u>2,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,200
d The organization granted cash contributions to various 501(c)(3) organizations, see list _____ _____ _____ (Grants and allocations \$ <u>5,450</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,450
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	83,486

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	59,780	45	83,212
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	2,000	52	15,400
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments—land, buildings, and equipment: basis	55a 2,000		
	b Less: accumulated depreciation (attach schedule)	55b 400	55c	1,600
56 Investments—other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	61,780	59	100,212	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65		66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	61,780	67	100,212
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	61,780	73	100,212
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	61,780	74	100,212	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d		e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name James Lee Raven: Str 223 S East Ave City Oak Park ST IL ZIP 60302	Title President Hr/WK 40			
Name Allan Lloyd Str 1834 Carlisle Ct City Schaumburg ST IL ZIP	Title V President Hr/WK 10			
Name Alex Wilson Str 2446 N Albany City Chicago ST IL ZIP 60647	Title Secretary Hr/WK 10			
Name Mike Roeser Str 7337 N Orione Ave City Chicago ST IL ZIP 60631	Title Treasurer Hr/WK 15			
Name Steve Marsala Str PO Box 1477 City Chicago ST IL ZIP 60690	Title Director Hr/WK 5			
Name Ariel Kiken Str 2811 W Estes City Chicago ST IL ZIP 60645	Title Director Hr/WK 5			
Name Raul Gonzalez Str 1027 N Mozart City Chicago ST IL ZIP 60622	Title Director Hr/WK 5			
Name Amy Little Str 223 S East Ave City Oak Park ST IL ZIP 60302	Title Director Hr/WK 5			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 8
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. 75c X
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row contains 'NONE' in the name field.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
b If "Yes," enter the name of the organization Resource Center, 222 East 135th Pl, Chicago IL 60627 and check whether it is [X] exempt or [] nonexempt
81 a Enter direct and indirect political expenditures (See line 81 instructions.) 81a
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members 85c

d Section 162(e) lobbying and political expenditures 85d

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h

86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. 86a

b Gross receipts, included on line 12, for public use of club facilities 86b

87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X

89 a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A

b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A

90 a List the states with which a copy of this return is filed IL

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b

91 a The books are in care of Name James Lee Ravenscroft Telephone no. (708) 660-1669 Located at 223 S East Avenue City Oak Park ST IL ZIP + 4 60302

b 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)? 91b X

If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Resale of Donated & Purchased Bikes					106,518
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					106,518
105 Total (add line 104, columns (B), (D), and (E))					106,518

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93(a)	Sale of repaired purchased and donated bikes provided funds to pay foreign shipping costs, donation of bikes locally

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

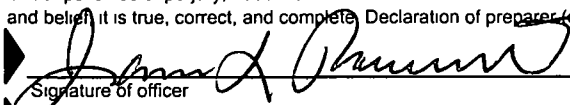
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).


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

Please Sign Here

Signature of officer:  Date: 7/16/2007

James Lee Ravenscroft, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 7/15/2007

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. V): P00278956

Firm's name (or yours if self-employed), address, and ZIP + 4: RAYMOND DAMM CPA, LTD
6749 N. LAKEWOOD AVE., #3, CHICAGO, IL 60626-4335

EIN: 36-4420840
Phone no: (773) 381-3998

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

WORKING BIKES

Employer identification number

54-2138339

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Aaron M Brown, 3430 South Morgan Chicago, IL 60608	Mechanic 20	2,886		
Owen O Lloyd, 706 S Claremont Ave Chicago, IL 60612	Mechanic 20	2,453		
Nicholas P Colombo, 1321 W Rosedail Chicago, IL 60660	Mechanic 5	632		
Clare J Knipper, 1114 W Wolcott Chicago, IL 60622	Mechanic 5	315		

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)</p>	3a	
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c	X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____ City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instructions)

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Direct public support		
1 Contributions	1	1
2 Membership dues and assessments (contributions from the public)	2	2
3 Commercial co-venture	3	3
4 Special events contributions (Line 9 - Special Events)	4	4
5 Contribution of used bicycles	5	15,400
6	6	6
7	7	7
8	8	8
9	9	9
10 Total	10	15,400
Line 1b - Indirect public support		
Line 1c - Government contributions (grants)		

Working Bikes, Inc.
Form 990 -- 2005

54-2138339

Form 990 B --- Application Pending

The organization has recently filed Form 1023 with the Internal Revenue Service. The organization has filed Form 990 in the belief that the organization is exempt under section 501(a), IRC; but that the Internal Revenue Service has not yet recognized the exemption.

Line 22 (990) - Grants and allocations

	Check box if grantee is a business	Class of activity	Grantee's name	Address	City	State	Zip code	Foreign Country	Amount given	Relationship
1		Donation	Hands of Hope	800 Hart Road	Barrington	IL	60010		4,000	
2		Donation	Doctors Without Borders	337 7th Avenue 2nd Floor	New York	NY	10001		1,000	
3		Donation	Global Alliance for Africa	703 W Monroe	Chicago	IL	60661		350	
4		Donation	Coprodelli	711 W Monroe	Chicago	IL	60661		100	
5		Totals							5,450	

Line 42 (990) - Depreciation, Depletion, e 400 400

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Description				
1 Depreciation Equipment and Fixtures	400	400		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Line 43 (990) - Other Deductions

40,818

40,818

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 International Shipping	26,551	26,551		
2 Cost of Used Bikes	3,603	3,603		
3 Sales Tax	4,718	4,718		
4 Insurance	2,302	2,302		
5 Locks and Helmets	5,533	5,533		
6 Reimbursements from Partners	-1,889	-1,889		
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Line 55 (990) - Investments land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)		
		Beginning		End
1	.....	1		
2	.....	2		
3	.....	3		
4	.....	4		
5	.....	5		
6	Total land (net of any amortization)	6		

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Equipment & Fixtures	7	2,000		400
8	.....	8			
9	.....	9			
10	.....	10			
11	.....	11			
12	.....	12			
13	.....	13			
14	.....	14			
15	.....	15			
16	.....	16			
17	Total buildings and equipment	17	2,000		400
18	Buildings and equipment (less accumulated depreciation)	18			1,600
19	Total land, buildings and equipment	19			1,600

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....	1		
2	.....	2		
3	.....	3		
4	.....	4		
5	.....	5		
6	.....	6		
7	.....	7		
8	.....	8		
9	.....	9		
10	.....	10		
11	Total	11		