Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

20

OMB No. 1545-0047

07

	For th			year, or tax year beginning			-	-	5 - 11 - 1	, 20
			Please	C Name of organization		, 2007,		ing	D Emplo	yer identification number
		applicable:	use IRS	BOOTSTRAPS TO SHARE OF	TUCSON INC			I	XX	XXXXXXX
		s change	label or print or	Number and street (or P.O. box		street ad	dress) Bo	om/suite		none number
		return See P0 B0X 1811						(520		
		Specific City or town, state or country, and ZIP + 4						,	ing method: 🗸 Cash 🗌 Accrual	
	Termina		Instruc- tions.	TUCSON, AZ 85702-1811				I		ther (specify)
		ed return	• Soo	tion 501(c)(3) organizations ar	d 4947(a)(1) popoyompt	obarita		nd I are no		e to section 527 organizations.
	Applicati	ion pending		sts must attach a completed Sc			H(a)	Is this a g	group retur	m for affiliates? 📋 Yes 🖌 No
G	Website	e: 🕨					H(b)	If "Yes,"	enter numb	per of affiliates
									filiates inclu	
J	Organiz	zation type	(check o	only one) ► _ 501(c) () ◄	(insert no.) 4947(a)(1)	or	527			t. See instructions.)
				organization is not a 509(a)(3) su			55			rn filed by an by a group ruling? □ Yes ✓ No
				ore than \$25,000. A return is not re e a complete return.	equired, but it the organizat	lion choo		•	emption N	
				·						the organization is not required
		-		s 6b, 8b, 9b, and 10b to line						Form 990, 990-EZ, or 990-PF).
Pa	art I	Reven	ue, Ex	penses, and Changes	in Net Assets or F	und B	alances	s (See th	ne instru	ctions.)
	1	Contribu	utions, g	gifts, grants, and similar a	mounts received:	. I				
	a	Contribu	utions to	o donor advised funds .		1 a				
	b	Direct p	ublic su	upport (not included on lin	e1a)	1b		58,742.		
	С	Indirect	public :	support (not included on I	ine 1a)	1c		401.	_	
				ontributions (grants) (not in		1d		7,440.	00	
	е	Total (ac	dd lines	1a through 1d) (cash \$	23,784.83 noncas	h \$	42,799).26).	<u>1e</u>	66,584.09
	2	Program service revenue including government fees and contracts (from Part VII, line 93)						2	21,526.15	
	3	Membership dues and assessments						3		
	4	Interest on savings and temporary cash investments							53.05	
	5	Dividends and interest from securities						5		
	6a						_			
				me or (loss). Subtract line	6b from line 6a				6C	
an	7			ent income (describe 🕨	(A) Securities		(B) Oth) or) /	
Revenue	8a			from sales of assets other		9 0		CI	_	
Ŗ		than inv				8a 8b			-	
				er basis and sales expenses.		8c			_	
			. , .	attach schedule)					8d	
	9	0	`	s). Combine line 8c, column	() ()					
	Ū	-		nd activities (attach schedule).		jaming,	CHECK HE			
	a			(not including \$ eported on line 1b)		9a				
	b			penses other than fundrais		9b				
				(loss) from special events.	•		02		9c	
	10a			inventory, less returns and		10a	<i>Ja</i>	20,922.		
	b			joods sold		10b		5,359.		
			•	oss) from sales of inventory (at		ct line 1	0b from lii	ne 10a	10c	15,563.65
	11			(from Part VII, line 103)						
	12	Total re	venue.	Add lines 1e, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and 1	1			12	103,726.94
	13	Program	n servic	ces (from line 44, column (B))				13	75,991.17
Expenses	14	-		and general (from line 44, o						15,776.44
Den	15	-		om line 44, column (D)) .						3,113.47
Ă	-	Paymen	its to af	ffiliates (attach schedule) .					16	
	17	Total ex	kpense	s. Add lines 16 and 44, co	olumn (A)				17	94,881.09
ets	18	Excess	or (defi	cit) for the year. Subtract	line 17 from line 12				18	8,845.85
Asse	19	Net ass	ets or f	und balances at beginning	g of year (from line 7					84,053.07
Net Assets	20			in net assets or fund bala						(10,133.14)
z	21	Net asse	ets or fu	and balances at end of year	. Combine lines 18, 1	9, and 2	20		21	82,765.78

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

(iii) the amount allocated to Management and general \$

Page 2

	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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ noncash \$) If this amount includes foreign grants, check here ► □	22a				
22b	Other grants and allocations (attach schedule) (cash \$ noncash \$)	LLu				
	If this amount includes foreign grants, check here \blacktriangleright	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
с	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	64,367.06	56,643.01	5,793.04	1,931.01
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29	4,924.09	4,333.20	443.17	147.72
30	Professional fundraising fees	30				
31 32	Accounting fees	31 32				
5∠ 33	Legal fees	33	3,091.65	2,601.03	97.09	393.5
34	Telephone .	34	540.95	216.38	216.38	108.1
35	Postage and shipping	35	369.28	352.28	17.00	
36	Occupancy	36	8,230.58	6,840.00	1,014.58	376.00
37	Equipment rental and maintenance	37	106.00			106.00
38	Printing and publications	38	491.87	20.00	420.85	51.02
39	Travel	39	805.00	200.00	605.00	
40	Conferences, conventions, and meetings	40	237.06	18.35	218.71	
41	Interest	41 42				
42 43	Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize):	72				
+3 а	Payments to independent contractors	43a	2,415.65	1,815.65	600.00	
b	Bank Fees / Credit Card Fees	43b	1,804.70		1,804.70	
c	General Liability Ins & Workers Comp	43c	2,144.66		2,144.66	
d	Internet/Webhosting/Software	43d	724.58		724.58	
е	Miscellaneous Fees and Taxes	43e	86.10		86.10	
f	New Tools and Equipment	43f 43g	4,541.86	2,951.27	1,590.59	
g 4	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 12, 15)		04.004.00	75 004 47	45 770 44	0.440.47
	13–15)	44	94,881.09	75,991.17	15,776.44	3,113.47

; 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.

Vhat is the organization's p	rimary exempt purpose? Education	Program Service
f clients served, publications	e their exempt purpose achievements in a clear and concise manner. State the numb issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and prexempt charitable trusts must also enter the amount of grants and allocations to other	(4) (4) orgs., and 4947(a)(1)
	education center, which provides the following services: 1) education workshops, incl.	
	e building, maintenance, repair, and safety approximately 225 classes with approx	
	en shop hours with tools, parts, materials, and advice available to the community for	
	d refurbishment of bikes and the creation of art/objects from recycled bike parts	
	unity members served and over 8,500 hours of community participation, including a	
visible level of youth and h		
(Grants and allocations	\$) If this amount includes foreign grants, check here ►	73,941.1
	b, which provides the following services: 1) bicycle riding and associated activities to	
	fe riding, and teamwork, and associated activities, for youth aged 11-20 approx	
	nts; and 2) education outreach activities by the youth participants for the benefit of	
	ching bike safety and repair approx 200 community members served and over	
300 hours of community pa	rticipation.	
(Grants and allocations	\$) If this amount includes foreign grants, check here ►	2,050.0
c		
•		
(Grants and allocations	\$) If this amount includes foreign grants, check here ►	
d		
(Cronto and allogetions	\$) If this amount includes foreign grants, check here ►	
(Grants and allocations		
e Other program services (
(Grants and allocations	\$) If this amount includes foreign grants, check here	
I LOTAL OF Program Service	ce Expenses (should equal line 44, column (B), Program services).	75,991.17

Pa	art IV	Balance Sheets (See the instructions.)			
Ν	lote:	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
	45	Cash—non-interest-bearing	49,777.39	45	57,269.20
	46	Savings and temporary cash investments	26,499.20	46	26,552.25
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts . 47b		47c	
		Pledges receivable		10	
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and		50a	
		key employees (attach schedule)		504	
	d	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	510	Other notes and loans receivable (attach			
ts	JIA	schedule)			
Assets	b	Less: allowance for doubtful accounts 51b		51c	
Ř	52	Inventories for sale or use	10,133.14	52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments—publicly-traded securities		54a	
	b	Investments—other securities (attach schedule) Cost FMV		54b	
	55a	Investments—land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach		55.	
		schedule)		55c 56	
	56	Investments—other (attach schedule)		50	
	D	Less: accumulated depreciation (attach schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	86,409.73	59	83,821.45
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
Liabilities	63	Loans from officers, directors, trustees, and key employees (attach			
bilid		schedule)		63 64a	
Lia	1	Tax-exempt bond liabilities (attach schedule)		64b	
	65	Mortgages and other notes payable (attach schedule)	2,356.66		1,055.67
					.,
	66	Total liabilities. Add lines 60 through 65	2,356.66	66	1,055.67
	Orga	anizations that follow SFAS 117, check here And complete lines			
S		67 through 69 and lines 73 and 74.			
DCe	67			67	
alaı	68	Temporarily restricted		68	
ä	69	Permanently restricted		69	
nnc	Orga	anizations that do not follow SFAS 117, check here ► 🖌 and			
Net Assets or Fund Balances	70	complete lines 70 through 74.		70	
s o	70	Capital stock, trust principal, or current funds.		70	
set	71 72	Paid-in or capital surplus, or land, building, and equipment fund . Retained earnings, endowment, accumulated income, or other funds	84,053.07	72	82,765.78
As	73	Total net assets or fund balances. Add lines 67 through 69 or lines			. ,
let		70 through 72. (Column (A) must equal line 19 and column (B) must			
2		equal line 21)	84,053.07	73	82,765.78
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	86,409.73	74	83,821.45

Form	990 (2007)						Pa	ge 5
Pa	t IV-A Reconciliation of Revenue per Aud instructions.)	lited Financial Statem	nents With Rev	/enue pe	r Retu	i rn (S	ee the	
a b	Total revenue, gains, and other support per audit Amounts included on line ${\bf a}$ but not on Part I, line				а			
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			
с					с			
d	Amounts included on Part I, line 12, but not on li							
1	Investment expenses not included on Part I, line		d1					
2	Other (specify):							
2			d2					
	Add lines d1 and d2				d			
е	Total revenue (Part I, line 12). Add lines c and d			· · · · ·	e			
	t IV-B Reconciliation of Expenses per Au				-	turn		
	• •			• •		um		
a	Total expenses and losses per audited financial s				а			
b	Amounts included on line a but not on Part I, line							
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			
с					с			
d	Amounts included on Part I, line 17, but not on li							
1	Investment expenses not included on Part I, line		d1					
2	Other (specify):				1			
-			d2					
	Add lines d1 and d2				d			
е	Total expenses (Part I, line 17). Add lines c and	d		· · · •	e			
-	t V-A Current Officers, Directors, Trustees				÷	licor c	diractor truc	
i u	or key employee at any time during the ye							
		(B)	(C) Compensation	(D) Contributi	ions to emr	lovee (F) Expense acc	count
	(A) Name and address	ar even if they were not (B) Title and average hours per week devoted to position	(If not paid, enter -0)	benefit pla	ns & deferr sation plans	red a	nd other allowa	ances
Dwi	ght Metzger	Board Member, 2hr						
XXX	XXXXXXXXXXXXXX		(
Wei	idy Vogt	Board Member, 2hr						
XXX	XXXXXXXXXXXXXX							
	y Woronov	Board Member, 2hr						
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	ander Perlis	Doord Momber Abr						
	XXXXXXXXXXXXXXX	Board Member, 4hr						
			- · · ·					

XXXXXXXXXXXXXXXXXXX		0	
Alexander Perlis	Board Member, 4hr		
XXXXXXXXXXXXXXXXXXX		0	
Erik Ryberg	Board Member, 2hr		
XXXXXXXXXXXXXXXXXXX		0	
Josef Bellucci	Board Member, 2hr		
XXXXXXXXXXXXXXXXXXX		0	
Lisa Zander	Board Member, 2hr		
XXXXXXXXXXXXXXXXXXX		0	
		1	

Form 990 (2007)		F	Page 6
Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at boa meetings			
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))	\checkmark
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or higher compensated employees listed in Schedule A, Part I, or highest compensated professional and oth independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any oth organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the second	er er		
the definition of "related organization.".		;	\checkmark
If "Yes," attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	. 75 d		\checkmark

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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			
Part VI Other Information (See the instruction				Ves No

- Ta			res	0VI
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a			
	detailed statement of each change	76		\checkmark
77	Were any changes made in the organizing or governing documents but not reported to the IRS?			\checkmark
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	78a		\checkmark
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach			
	a statement	79		\checkmark
80a	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		\checkmark
b	If "Yes," enter the name of the organization			
	and check whether it is \Box exempt or \Box nonexempt			
	Enter direct and indirect political expenditures. (See line 81 instructions.)			
b	Did the organization file Form 1120-POL for this year?	81b		\checkmark

Form	990 (2007)		P	Page 7
Par	rt VI Other Information (continued)		Yes	No
82a	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		✓
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.)			
832	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	\checkmark	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	\checkmark	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		\checkmark
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b		
85a	gifts were not tax deductible?	85a		
	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.			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures	_		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	05.0		
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 user?	85h		
00	following tax year?	0011		
86 h	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	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	88a		√
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓
89a	<i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►			
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	001		
	a statement explaining each transaction	89b		•
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		 ✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	89g		
000	at any time during the year?			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b The books are in care of ► Bootstraps to Share of Tucson Inc Telephone no. ► (520)	62	8-795	13
	Located at ► 44 W. 6th St., Tucson, AZ ZIP + 4 ► 85705	-8374		·····
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		\checkmark
	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.			

Form 9	90 (2007)						Page 8
Part	VI Other Information (continued)					١	es No
	At any time during the calendar year, did the If "Yes," enter the name of the foreign count	try 🕨					√
92	Section 4947(a)(1) nonexempt charitable trus and enter the amount of tax-exempt interest					• •	▶⊔
Part	VII Analysis of Income-Producing A						
Note:	Enter gross amounts unless otherwise	Unrelated b	ousiness income	Excluded by sec	tion 512, 513, or 514		(E)
indica	ited.	(A)	(B)	(C)	(D)		ted or function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount		ome
а	See Part Illa for description					2	1,526.15
b	See Part IIIb for description						0.00
С							
d							
e f	Madiaara/Madiaaid paymanta						
g	Medicare/Medicaid payments						
94 94	Membership dues and assessments						
95	Interest on savings and temporary cash investmer						53.05
96	Dividends and interest from securities						
97	Net rental income or (loss) from real estate:						
а	debt-financed property						
b	not debt-financed property						
98	Net rental income or (loss) from personal propert	•					
99	Other investment income						
100 101	Gain or (loss) from sales of assets other than inventor. Net income or (loss) from special events .	•					
102	Gross profit or (loss) from sales of inventory					1	5,563.65
103	Other revenue: a						
b							
с							
d							
е						-	7 442 05
104	Subtotal (add columns (B), (D), and (E))	-\\					7,142.85 7,142.85
105 Note:	Total (add line 104, columns (B), (D), and (E Line 105 plus line 1e, Part I, should equal th				·	3	7,142.03
Part				ooses (See th	e instructions.)		
Line	•	me is reported in c	olumn (E) of Part \	/II contributed	,	accomp	olishment
- 93			-	,	bicycle repair an	d reduce	waste.
10				V			
10						n youth.	Except
	new parts necessary for some repairs or for						
Part			isregarded Enti	ties (See the	instructions.)		
	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of a	ctivities	(D) Total income	End-	(E) of-year sets
		%					
		%					
		%					
		%			he best off		
Part					,		
(a) (b) Not	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pr te: If "Yes" to (b), file Form 8870 and Form 4	remiums, directly	or indirectly, on				✓ No ✓ No

06	Did the reporting organization ma the Code? If "Yes," complete the				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tr	ansf	er
а		-				
b		-				
с		-				
	Totals					
07	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"				Yes	No
07						
07 a	512(b)(13) of the Code? If "Yes," (A) Name, address, of each	(B) Employer Identification	/ for each controlled entity. (C) Description of	section (D)		
-	512(b)(13) of the Code? If "Yes," (A) Name, address, of each	(B) Employer Identification	/ for each controlled entity. (C) Description of	section (D)		
	512(b)(13) of the Code? If "Yes," (A) Name, address, of each	(B) Employer Identification	/ for each controlled entity. (C) Description of	section (D)		
a b	512(b)(13) of the Code? If "Yes," (A) Name, address, of each	(B) Employer Identification	/ for each controlled entity. (C) Description of	section (D)		
-	512(b)(13) of the Code? If "Yes," (A) Name, address, of each controlled entity	complete the schedule below (B) Employer Identification Number	on August 17, 2006, covering	Section (D) Amount of tr		No er No

Type or print name and title Check if self-employed ► Date Preparer's SSN or PTIN (See Gen. Inst. X) Preparer's signature Paid Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 EIN ► Use Only Phone no. ► ()

Bootstraps to Share of Tucson, Inc XX-XXXXXXX 2007 Schedule of Special Events for Lines 9a, 9b, 9c

	Art Auction	Scavenger Hunt	TOTAL
Cash donations (reported in 1b)	413.75	543.00	956.75
Non-cash donations (reported in 1b)	6495.25	0.00	6495.25
Total Donations	6909.00	543.00	7452.00
Sales	0.00	0.00	0.00
Direct sales-related			
expenses	0.00	0.00	0.00
Profit/Loss	0.00	0.00	0.00

Bootstraps to Share of Tucson, Inc XX-XXXXXXX 2007 Sales Schedule for Lines 10a, 10b, 10c							
Item				New Parts (only insofar as necessary	Miscellaneous Merchandise Promoting Bicycle Recycling (Stickers, T- Shirts, etc.)	TOTAL	
Sales	\$26,916.44	\$18,502.32	\$796.00	\$9,609.10	\$1,403.00	\$57,226.86	
Portion of Sales already reported on line 1b (*)	\$20,497.44	\$15,726.97	\$79.60			\$36,304.01	
Gross Sales for 10a	\$6,419.00	\$2,775.35	\$716.40	\$9,609.10	\$1,403.00	\$20,922.85	
Cost of goods sold for 10b (**)			\$441.56	\$4,821.31	\$96.33	\$5,359.20	
Profit/Loss for 10c	\$6,419.00	\$2,775.35	\$274.84	\$4,787.79	\$1,306.67	\$15,563.65	

(*) In recycling a bicycle, we keep track of how much labor and new parts are needed to make a donated bicycle functional and safe to ride. The value of the donated bicycle itself is reported on 1b, while the rest of the sale is reported here. Donated used parts have no significant fair market value in general, but in our operation customer demand and ability to pay determines the value. Since some staff and volunteer labor is involved in organizing and inspecting parts, we assume that 85% of used parts sales represent the donated value, reported on line 1b; the rest is reported on 10a.

Bootstraps to Share of Tucson, Inc XX-XXXXXXX 2007 Line 20 Explanation

Line 20 eliminates the \$10,133.14 inventory amount that appeared on the balance sheet (page 4) of prior years' 990s. That amount was likely a rough guess based on the potential value of the piles of donated used parts that have not yet been recycled into a usable bicycle. Although we recognize that organizations should in principle know the value of items and properly track their unsold inventory, we operate on a cash basis, assigning monetary value to donated items at the time they are sold, and don't consider it feasible to sensibly assign values prior to the sale. Furthermore, we now carefully record all transactions in a double-entry accounting system and regularly reconcile the reports against bank statements and other records. It is a great aid and simplification to our organization if the numbers on annual reports coming out of our accounting system precisely match numbers to be reported on the 990.

But this can happen only if we no longer include the roughly guessed inventory amount \$10,133.14 on the 990; otherwise, many numbers on the 990 will inherently disagree with our cash-based accounting system reports, being off by precisely \$10,133.14, and this causes internal confusion. By removing the roughly guessed \$10,133.14 from the 990, we believe the 990 more transparently reflects our accounting system and the nature of our operation. To be sure there is no misunderstanding: we have not distributed \$10,133.14 to anyone. We report sold items on the 990 (donated items on line 1b, although for safety reasons we must introduce some new parts, whose sale is reported on 10c) in the year they are sold. Items donated late in the year but sold early the next year get reported the year they are sold.

Thus the rough \$10,133.14 which we are herewith removing from our reported net assets (i.e., to no longer pretend to track donated inventory, which is inherently imprecise) will ultimately still appear on future 990s, not as a rough inventory (or potential future earning?), but as a precise value (actual earning) resulting from the actual transaction involving that item. We discussed this matter with the IRS EO division in a series of phone calls in 2007, which led to the IRS agent taking down a written question for deeper study. We received a call-back from the IRS and were told that the \$10,133.14 could be eliminated by adding it into the cost-of-goods-sold reported on line 10b. We took this explanation as an implicit agreement that it is acceptable for an organization of our type to no longer try to track inventory, which is an accounting burden and seems to have no bearing on one of the principle purposes of the 990: to report to the public the scope of our operations and the justification for continued exempt status.

However, to follow the IRS call-back suggestion of moving the \$10,133.14 into line 10b would render many numbers on the 2007 990 to no longer agree with the reports coming out of our accounting system (which never knew about the \$10,133.14 in the first place and has no place for rough numbers, only precise numbers resulting from actual transactions). Thus it seems all around cleaner and more transparent to move the quantity in question into line 20 rather than 10b. (Another alternative would be to not mention the \$10,133.14 in line 52 column (A), but then that column (A) would no longer agree with last year's column (B), and this also seems like a misleading approach to take. Recording the change on line 20, and including this explanation, seems like the least misleading way to proceed.)

We hope this explanation makes it evident that our goal is to increase clarity, but we recognize our understanding of accounting is limited, and further recognize that the implicit agreement to this removal understood by us from the advice given to us by the IRS in the call-back might have been a misunderstanding on our part. If that is indeed the case, we would appreciate further instruction and clarification from the IRS.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organizati

		or	4947(a)(1) Nonexempt Chari	table Trust		\bigcirc
Dementary and a fill	Trees	Supplementar	y Information—(See se	parate instruct	tions.)	
Department of th Internal Revenue		MUST be completed by t	ne above organizations and a	attached to their Fo	orm 990 or 990-EZ	
Name of the o	rganization				Employer identifica	tion number
BOOTSTRAP	S TO SHAR	E OF TUCSON, INC			XX	XXXXXX
Part I	Compe	ensation of the Five High	est Paid Employees O	ther Than Offic	ers, Directors, a	and Trustees
	(See pa	age 1 of the instructions.	_ist each one. If there ar	re none, enter "l	None.")	
(a) Name a		of each employee paid more n \$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
None						
Total number	of other em	ployees paid over \$50,000 .			·	
		ensation of the Five High	est Paid Independent (Contractors for	Professional Se	rvices
		ge 2 of the instructions. Lis				
(a) N	ame and add	dress of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
None						
Total number		s receiving over \$50,000 for				
Part II-B	Compe	ensation of the Five High ch contractor who perforn	est Paid Independent C	Contractors for	Other Services	dividuals or
		there are none, enter "No				
(a) N		dress of each independent contracto			of service	(c) Compensation
None						
Total numbe	er of other	contractors receiving over				
For Paperwork	Reduction A	Act Notice, see the Instructions for Fo	orm 990 and Form 990-EZ.	Cat. No. 11285F	Schedule A (Form	n 990 or 990-EZ) 200

Pa	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	attemp or incu	the year, has the organization attempted to influence national, state, or local legislation, including any t to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid rred in connection with the lobbying activities ► \$ (Must equal amounts on line 38, A, or line i of Part VI-B.)	1		✓
	organiz	zations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of bying activities.			
2	substa with ar	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ntial contributors, trustees, directors, officers, creators, key employees, or members of their families, or by taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the tions.)			
а	Sale, e	xchange, or leasing of property?	2a		✓
b	Lendin	g of money or other extension of credit?	2b		✓
с	Furnish	ing of goods, services, or facilities?	2c		✓
d	Payme	nt of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓
е	-	r of any part of its income or assets?	2e		✓
	Did the	organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation the organization determines that recipients qualify to receive payments.)	3a		✓
b	Did the	organization have a section 403(b) annuity plan for its employees?	3b		✓
с		organization receive or hold an easement for conservation purposes, including easements to preserve open the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		✓
d	Did the	organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		✓
4a		organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete and 4g	4a		✓
b	Did the	organization make any taxable distributions under section 4966?	4b		
с	Did the	organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter tl	ne total number of donor advised funds owned at the end of the tax year			
е	Enter t	ne aggregate value of assets held in all donor advised funds owned at the end of the tax year \ldots .			
f	funds i	ne total number of separate funds or accounts owned at the end of the tax year (excluding donor advised ncluded on line 4d) where donors have the right to provide advice on the distribution or investment of ts in such funds or accounts			0
g	Enter t	ne aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Schedule A (Form 990 or 990-EZ) 2007

Page **2**

Pa	rt I\	Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)					
l ce	rtify	that 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 ▶					
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.)					
11a		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.)					
11b		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 33½% 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 33½% 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:					
		Type I Type II Type III-Functionally Integrated Type III-Other					

Provide the following information about the supported organizations. (See page 8 of the instructions.)									
(a)	(b)	(c)	(d)	(e)				
Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Amount of support				
			Yes	No					
Total				🕨					

14 🗌 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. **Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

	: You may use the worksheet in the instructions					
Cale	ndar year (or fiscal year beginning in) Image: the second seco	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.).	78,937.51	78,020.26	21,443.44	9,905.85	188,307.06
16	Membership fees received			385.00	975.00	1,360.00
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	34,607.38	29,662.38	48,470.10	39,316.08	152,055.94
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	65.80	11.09	237.65		314.54
19	Net income from unrelated business activities not included in line 18.					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	113,610.69	107,693.73	70,536.19	50,196.93	342,037.54
24	Line 23 minus line 17	79,003.31	78,031.35	22,066.09	10,880.85	189,981.60
25	Enter 1% of line 23	1,136.10	1,076.93	705.36	501.96	
26	Organizations described on lines 10 or 11:	a Enter 2% of an	mount in column	(e) line 24	▶ 26a	
b	Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter lir	e of and amount o ation) whose total g th your return. Ente	contributed by ea gifts for 2003 thr er the total of all t	ach person (other ough 2006 excee hese excess amo	r than a ded the punts ► 26b	
c d	Add: Amounts from column (e) for lines: 18					
u		2			▶ 26d	
~	Public support (line 26c minus line 26d total)					
	Public support percentage (line 26e (numera					%
27	Organizations described on line 12: a For person," prepare a list for your records to show to Do not file this list with your return. Enter the (2006)	r amounts included he name of, and to sum of such amo ed from each perso year, that was more	d in lines 15, 16 tal amounts rece unts for each ye (2004) on (other than "dis than the larger of	, and 17 that we sived in each year ar: squalified persons' f (1) the amount of	(2003) (2003) (2003) repare a list fo	a "disqualified ualified person." r your records to ear or (2) \$5,000.
	(Include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year: (2006)	the larger amount c	lescribed in (1) or	r (2), enter the sur	n of these differe	nces (the excess
С	Add: Amounts from column (e) for lines: 15 . 17 <u>152,055.94</u> 20 .	188,307.06	16 1,360.0	<u>)0</u>	► 27c	341,723.00
d		and line 27b total				
е	Public support (line 27c total minus line 27d tot					341,723.00
f	Total support for section 509(a)(2) test: Enter ar				42,037.54	
g	Public support percentage (line 27e (numera				► 27g	99.91 %
h	Investment income percentage (line 18, colu	mn (e) (numerator	r) divided by line	e 27f (denomina	tor)). 🕨 27h	0.09 %
28	Unusual Grants: For an organization describe	d in line 10 11 or	12 that receive	d any unusual di	rants during 200'	3 through 2006

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Sche	dule A (Form 990 or 990-EZ) 2007		P	age 5
Pa	rt VPrivate School Questionnaire (See page 9 of the instructions.)(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32 a b	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b		
c d	basis?	32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
с	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2007

Part VI-ALobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check > a	if the organization belongs to an affiliated group.	Check 🕨	b if you checked "a" and "limited control" provisions apply.

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying).	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table-			
	If the amount on line 40 is— The lobbying nontaxable amount is—			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000 . \$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41).	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year					ing Pe	riod	
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004		(e) Total	
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (See	page 14	of th	e instructions.)	
	ng the year, did the organization attempt to influ mpt to influence public opinion on a legislative m		-	-	^{ny} Yes	No	Amount	
a b	Volunteers	on in expenses r	eported on lines	c through h.) .			-	
c d	Media advertisements . Mailings to members, legislators, or the public							
e f	Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body.							
9 h	Rallies, demonstrations, seminars, conventions		•	•				

i	Total lobbying expenditures (Add lines c through h.)	
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activiti	ies.

Part V			ransfers To and Trans e page 14 of the instruction		nships With	Nonc		age
			indirectly engage in any of th 11(c)(3) organizations) or in sec					
a Ti	ransfers from the rep	orting organization	to a noncharitable exempt org	anization of:			Yes	No
((i) Cash					51a(i)		\checkmark
(i						a(ii)		\
b O	Other transactions:							
((i) Sales or exchange	es of assets with a	ation		b(i)		\checkmark	
			itable exempt organization			b(ii)		\checkmark
(ii			ner assets			b(iii)		\checkmark
(iv						b(iv)		\checkmark
()						b(v)		\checkmark
	-		ship or fundraising solicitations			b(vi)		\checkmark
-	-		sts, other assets, or paid empl			с		\checkmark
go	oods, other assets, o	r services given by	complete the following schedu the reporting organization. If column (d) the value of the goo	the organization received	less than fair n	market narket v	value value i	of the n ang
(a)	(b)		(c)		(d)			
Line no	Amount involved	Name of none	charitable exempt organization	Description of transfers, tr	ansactions, and sh	aring arra	angeme	ents
de		01(c) of the Code (affiliated with, or related to, c other than section 501(c)(3)) or :		organizations	Yes	;] No
	(a) Name of organiz	zation	(b) Type of organization	Descrip	(c) otion of relationship)		
_								

Schedule A (Form 990 or 990-EZ) 2007

Page 7

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

Department of the Treasury Internal Revenue Service

Name of organization

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

Employer identification number

BOOTSTRAPS TO SHARE OF TUCSON, INC	ХХ	ХХХХХХХ
Organization type (check one):		

Filers of:	Section:				
Form 990 or 990-EZ	✓ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₂ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B	(Form	990,	990-EZ,	or	990-PF)	(2007)
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Name of organization

BOOTSTRAPS TO SHARE OF TUCSON, INC

Page <u>1</u> of <u>1</u> of **Part I** Employer identification number XX 1

XXXXXXX

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1	Weed + Seed Grant, Marcia Roberts, Tucson Police Dept XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)