Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

Open to Public Inspection

A I	or the	2021 calendar y	ear, or tax year beginn	ing		, 2021, a	nd endi	ng		, 20	
В	Check if a	pplicable:	C Name of organizationBoo	otstraps to Si	nare of Tucso	n Inc.			D Emp	loyer identifica	tion number
] /	Address c	change	Doing business as BIG	CAS						74-258	0768
_	Name cha), box if mail is not delivere	d to street address)		Room/suit	e	E Telep	hone number	
=	nitial retu	_	2001 N 7th Ave		,						28-7950
=		rn/terminated		ince, country, and ZIP or fo	reign postal code				G Gros	s receipts	
=	Amended		Tucson, AZ 857		.				\$		663,087
=		n pending	F Name and address of prin		Wedia			H(a) le this a		for subordinates?	Yes X No
	фриосио	in portaing	Same as C above		neurg					es included?	Yes No
	Гах-exem	pt status: X 501) ◀ (insert no.)	4947(a)(1) or	527				st. See instructi	
	Nebsite:	~	icas.org	y 4 (inscretio.)	1 +0+1 (a)(1) 01	021		H(c) Group			0110
		rganization: X Corp		ociation Other		L Year of formati	on: 198			gal domicile:	AZ
	rt I	Summary	poration must Asset	Ociation Other =		L Tear Or Torrian	011. 190	9 1111	State of le	gai domicile.	A2
• ••	1		the organization's mission	on or most significant	activities: To	provide o	nnorti	nitios	for	ogonomi c	121111
	'	•	-	-	 -						
Çe			ged persons to p					id Obta	111 110	using wi	. (11
Activities & Governance		bicycie-bas	sed transportati	ion and bieye.	e repair ski	IIS educa	tion.				
/er	1	Check this box	if the organization	discontinued its one	rations or disposed	of more than 2	5% of its	net assets			
9	2								1 -	1	2
∞ ಶ	3	_	g members of the govern	• • • • • • • • • • • • • • • • • • • •	•						2
ies	4		pendent voting members						. 5		2
Ξ	5		individuals employed in	=					-		15
Act	6		volunteers (estimate if n						6		49
			ousiness revenue from P	, , , , , , , , , , , , , , , , , , , ,					· 7a		0_
	d	Net unrelated bu	ısiness taxable income f	rom Form 990-1, Pai	rt I, line 11						0
								Prior Year		Cur	rent Year
4	8		id grants (Part VIII, line 1	•					3,566		545,706
Revenue	9	•	revenue (Part VIII, line					49	9,382		57,278
	10		me (Part VIII, column (A						120		111
ď	11	•	Part VIII, column (A), line		· ·				7,046		26,455
	12		add lines 8 through 11 (n					370	0,114		629,550
	13		lar amounts paid (Part I)		•						0_
	14	Benefits paid to	or for members (Part IX	, column (A), line 4)			•				0_
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							4,684		366,336
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)									<u> </u>
je j	b	, -	ı expenses (Part IX, colu			5,542	-				•
ш	17	Other expenses	(Part IX, column (A), lin	es 11a-11d, 11f-24e)			•	7	6,563		81,483
	18	Total expenses.	Add lines 13-17 (must e	equal Part IX, columr	(A), line 25) •		•	42:	1,247	<u> </u>	447,819
	19	Revenue less ex	kpenses. Subtract line 1	8 from line 12			•	(5:	1,133)	181,731
5	<u> </u>						Begir	nning of Cun	rent Year	Enc	l of Year
sets	20	Total assets (Par	rt X, line 16)				•	15	5,483	``	252,970
Net Assets	21	Total liabilities (P					•		6,336		97
			nd balances. Subtract li	ne 21 from line 20			•	8:	9,147		252,873
	rt II	Signature									
			that I have examined this retur- tion of preparer (other than offi-				of my know	ledge and bel	iet, it is		
					*						
Sig	n										*
		Signature of o	οπισει						D	ate	
Hei	re		armon, Board Mer	mber							
			name and title	Inå		T5-/			<u></u>	Later	
		Print/Type prepare	rs name	Preparer's signature	Polar	Date		Check	X if	PTIN	
Pai			J Phillips	1 Silling	cuv->	05-07-20			nployed	P0160	7578
	pare		<u>Jennifer</u>	J Phillips C	PA PLLC		F	irm's EIN			
Use	e Only	Y Firm's address	PO Box 1	7257			P	hone no.			
			Tucson A	Z 85731					520-	<u>-247-708</u>	
May	the IRS	S discuss this ratu	urn with the preparer sho	own above? See inst	ructions					. 😾	Yes No

21) Bootstraps to Share of Tucson Inc.
Checklist of Required Schedules Part IV

			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? See instructions	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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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	110		.,
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	11a		Х
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		Х
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		Х
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ــــــــــــــــــــــــــــــــــــ		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
13	If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
zu a b	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		x

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Form 990 (2021)

Bootstraps to Share of Tucson Inc.

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		х
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 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 Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 or 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		х
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		x

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Part VI

1) Bootstraps to Share of Tucson Inc. 74-2580768

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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			- [
	21.01.71. Coverning Douy and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		res	NO
ıa	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 in line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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		х
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		х
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	х	
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
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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		
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.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	v	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420		
42	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ 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,			
	and financial statements available to the public during the tax year.			

17	LIST THE STATES	WILLI WILLCIT	a copy or	uns ronn 9	90 is required i	o be illed

- 18
- 19
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

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Bootstraps to Share of Tucson Inc.

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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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles	Pos eck m	son is	nan one a both ar (trustee) Highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
(1) Matt Harmon	below dotted line)		ustee		Φ	pensated			
Board Member		х					0	0	0
(2) Rachel Wedig President	2.00	х		х			0	0	0
<u>(3)</u>									
<u>(4)</u>									
<u>(5)</u>									
<u>(6)</u>									
<u>(7)</u>									
<u>(8)</u>									
<u>(9)</u>									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									

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Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	Com	pens	sated Employees	(continued)				
	(A) Name and title	(B) Average hours per week (list any	box, offic	unles er and	Pos eck m ss per d a dir	rson is rector	nan one s both ai /trustee)	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportal compensa from relat organization: 1099-MIS	tion ted s (W-2/	cor	(F) ated am of other mpensat rom the nization	ion
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NE		-	d organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)_														
(23)_														
(24)_														
<u>(25)</u>														
1b	Subtotal							· •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not limite										<u> </u>			
	reportable compensation from the organization	>												0
													Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," complete Schedule			-		-			nsated					
4	For any individual listed on line 1a, is the sum of re											3		Х
-	organization and related organizations greater that													
	individual											4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,"</i>			-			_					5		v
Secti	on B. Independent Contractors	complete 30	nedule	<i>3 1</i> 0	JI SU	cii p	erson					<u> </u>		Х
1	Complete this table for your five highest compensation	ated indepen	dent co	ntra	ctors	s tha	t rece	ived	more than \$100,00	00 of				
	compensation from the organization. Report comp										year.			
	(A)								(B)			(C)		
	Name and business addres	ss							Description of service	es	-	Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation fro			hose ↓		ed al	oove)	who						

Part VIII

		Check if Schedule O contains a response or	no	te to any line in this	Part VIII			[
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						function revenue	business revenue	sections 512–514
	1a	' '	а					
ts s	b		b					
ran oun	С	_	С	2,835				
ts, G Ame	d	<u> </u>	d					
Contributions, Gifts, Grants and Other Similar Amounts	е	ÿ ` , , , , , , , , , , , , , , , , , ,	е	143,665				
Sin.	f	All other contributions, gifts, grants,	_					
outic ner (f	399,206				
불률	g	Noncash contributions included in	_	,				
a S	h	Ines 1a-1f 1 Total. Add lines 1a-1f 1	g	\$ 220,939	E4E 706			
	"	Total. Add lines 1a-11	•	Business Code	545,706			
	22	Pika manaim		611710	40 169	40 169		
<u>i</u>	1	Bike repair Classes	_	611710	40,168 11,737	40,168 11,737		
e Z		Art	-	611710	4,141	4,141		
m S ven		Bike rentals	-	611710	1,232	1,232		
gra	e	DIRE TENCALS	-	011710	1,232	1,232		
Program Service Revenue	l	All other program service revenue						
_	1	Total. Add lines 2a-2f			57,278			
		Investment income (including dividends, interes			,			
	•	other similar amounts)			111			111
	4	Income from investment of tax-exempt bond pro	осе	eds▶				
	5	Royalties		▶				
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)		▶				
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
Jue		and sales expenses · · 7b						
evenue		Gain or (loss)						
œ	1	Net gain or (loss)	•					
Other	8a	Gross income from fundraising						
Ō		events (not including \$ 2,835						
		of contributions reported on line	_					
		· '	8a	070				
		•	8b	872	40.70			(050)
	1	Net income or (loss) from fundraising events	•		(872)			(872)
	Эа	Gross income from gaming activities, See Part IV, line 19	9a					
	h	· · · · · · · · · · · · · · · · · · ·	эа 9b					
	1		_					
		Γ	•					
	10a	Gross sales of inventory, less returns and allowances	l0a	59,992				
	Ь	-	0b					
	1				27,327			27,327
		,		Business Code				
SI	11a							
nor	b							
ella ver	С							
Miscellanous Revenue	d	All other revenue						
≥	е	Total . Add lines 11a-11d		. .				
	•	Total revenue. See instructions			629,550	57,278	0	26,566

Form 990 (2021) Bootstraps to Share of Tucson Inc. 74-2580768 Page 10 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).
--

	Check if Schedule O contains a response or note to a	•	(B)	(0)	(D)
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service	(C) Management and	Fundraising
_	0b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	336,352	300,718	31,213	4,421
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	29,984	27,143	2,487	354
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	20,023	19,873	150	
12	Advertising and promotion [160	150		10
13	Office expenses	2,004	1,764	147	93
14	Information technology [2,643	1,524	722	397
15	Royalties				
16	Occupancy	19,419	19,419		
17	Travel	1,557	1,232	325	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,506	7,504	2	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11,473	9,983	1,490	
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 O.)				
а	Bank fees	8,358	26	8,123	209
b	Community tools	6,892	6,864		28
С	Tools and equipment	662	662		
d	Licenses and fees	199	199		
е	All other expenses	587	166	391	30
25	Total functional expenses. Add lines 1 through 24e	447,819	397,227	45,050	5,542
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	104,949	1	135,497
	2	Savings and temporary cash investments	50,134	2	117,473
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	400	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	155,483	16	252,970
	17	Accounts payable and accrued expenses	10,978	17	97
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D	55,358	25	
	26	Total liabilities. Add lines 17 through 25	66,336	26	97
w		Organizations that follow FASB ASC 958, check here			
Ce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	06.400	27	017 670
alar	27 28	Net assets with donor restrictions	86,489	27 28	217,670
B	20	Organizations that do not follow FASB ASC 958, check here	2,658	20	35,203
un		and complete lines 29 through 33.			
r.	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	89,147	32	252,873
ž	33	Total liabilities and net assets/fund balances	155,483	33	252,873
		Total habilities and not according balances	100,403	00	232,910

		74-25	8076	8	Pa	age 1 2
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			629,	550
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			447,	819
3	Revenue less expenses. Subtract line 2 from line 1	. 3			181,	731
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			89,	147
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			(18,	005
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				, -,	
	32, column (B))	. 10			252,	873
Par	rt XII Financial Statements and Reporting	-				
	Check if Schedule O contains a response or note to any line in this Part XII					. П
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					l
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		х
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			2.5		Ê
	separate basis, consolidated basis, or both:					
^	Separate basis Separate basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
C				20		l
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					

EEA Form **990** (2021)

3a

3b

Х

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Single Audit Act and OMB Circular A-133?

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

nation. Inspection
Employer identification number

_		raps to Share of Tucson		Larganizationa mua	t comple	to this n	74-2580768		
Par		Reason for Public Cha	_ ·				art.) See mstructio	JIIS.	
	rgar	nization is not a private foundation be	,		•	,			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	닏	A school described in section 170(b	,,,,,,,	, , ,					
3	Ц	A hospital or a cooperative hospital	service organization	n described in section 1	70(b)(1)(A)	(iii).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
	hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state, or local government	t or governmental u	ınit described in section	170(b)(1)(A)(v).			
7		An organization that normally receive	es a substantial pa	rt of its support from a go	vernmenta	ıl unit or fro	om the general public		
		described in section 170(b)(1)(A)(v	i). (Complete Part I	l.)					
8		A community trust described in sect	ion 170(b)(1)(A)(vi	i). (Complete Part II.)					
9		An agricultural research organization	n described in sect	i on 170(b)(1)(A)(ix) oper	ated in cor	ijunction w	ith a land-grant college		
		or university or a non-land-grant coll	lege of agriculture (see instructions). Enter t	he name, c	ity, and sta	ate of the college or		
		university:							
10	X	An organization that normally receive receipts from activities related to its support from gross investment incorracquired by the organization after July	exempt functions, s me and unrelated b une 30, 1975. See s	subject to certain exception usiness taxable income (section 509(a)(2). (Comp	ons; and (2 less sectio plete Part II) no more n 511 tax) l.)	than 33 1/3% of its		
11	님	An organization organized and oper	•	•					
12	Ш	An organization organized and oper	•	•			• • •		
		one or more publicly supported orga						heck	
		the box in lines 12a through 12d tha	• • •				-		
а		Type I. A supporting organization	•	· · · · · · · · · · · · · · · · · · ·		. •	. ,		
		the supported organization(s) th			rity of the c	lirectors or	trustees of the		
		supporting organization. You m	ust complete Part	IV, Sections A and B.					
b		Type II. A supporting organizati	on supervised or co	ontrolled in connection wi	th its suppo	orted organ	nization(s), by having		
		control or management of the si	upporting organizat	tion vested in the same p	ersons tha	t control or	manage the supported		
		organization(s). You must com	plete Part IV, Sect	ions A and C.					
С			d. A supporting orga	anization operated in con	nection wit	h, and fund	ctionally integrated with,	,	
		its supported organization(s) (se	ee instructions). Yo	u must complete Part I\	/, Sections	A, D, and	I E.		
d			rated. A supporting	g organization operated ir	n connectio	n with its s	supported organization(s	s)	
		that is not functionally integrated	d. The organization	generally must satisfy a	distribution	requireme	ent and an attentiveness	3	
		requirement (see instructions).	You must complet	e Part IV, Sections A an	id D, and F	Part V.			
е		Check this box if the organization	on received a writte	n determination from the	IRS that it	is a Type I,	, Type II, Type III		
		functionally integrated, or Type	III non-functionally i	integrated supporting org	anization.			-	
f	Е	inter the number of supported organiz	zations					٠٠٠ [
g	P	rovide the following information abou	it the supported org	ganization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	other s	Amount of support (see tructions)
					Yes	No	1		
(A)						-			
(B)									
(C)									
(D)									
(E)									
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 .						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	, ,	` ′	<u> </u>	<u> </u>	<u> </u>	1
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the or	,				section 501(c)(3)
	organization, check this box and stop her	•			•	•	, · · /
Secti	on C. Computation of Public Support						
14	Public support percentage for 2021 (line 6			1, column (f))		14	%
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3% support test - 2021. If the organi					/3% or more, or	heck this
	box and stop here . The organization qual						
b	33 1/3% support test - 2020. If the organi	•		-			
	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 202			-			
	10% or more, and if the organization meet	•					
	Part VI how the organization meets the fac						
	organization			•	•		
b	10%-facts-and-circumstances test - 202						_
~	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets the					•	•
	organization			_	•		
18	Private foundation. If the organization did						
	instructions						

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

(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.)

Secti	on A. Public Support			•	•	,	
	dar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,	,			,
	received. (Do not include any "unusual grants.")	217,888	221,958	300,021	293,566	545,706	1,579,139
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	49,669	75,094	50,538	105,833	117,270	398,404
3	Gross receipts from activities that are not an	·	·		,	,	,
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	267,557	297,052	350,559	399,399	662,976	1,977,543
7a	Amounts included on lines 1, 2, and 3					,,,,,	
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					75,612	75,612
С	Add lines 7a and 7b					75,612	75,612
8	Public support. (Subtract line 7c from					757612	757612
	line 6.)						1,901,931
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	267,557	297,052	350,559	399,399	662,976	1,977,543
10a	Gross income from interest, dividends,	,	,	,	, , , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,
	payments received on securities loans, rents,						
	royalties, and income from similar sources	111	59	62	120	111	463
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	111	59	62	120	111	463
11	Net income from unrelated business			<u> </u>			
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	267,668	297,111	350,621	399,519	663,087	1,978,006
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	•			•	` '	`` ′ _
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	, column (f), di	vided by line 1	3, column (f))		15	96.15 %
16	Public support percentage from 2020 Sch		•			16	99.97 %
Secti	on D. Computation of Investment Inc	come Percer	ntage			'	
17	Investment income percentage for 2021 (li			y line 13, colum	nn (f))	17	0.00 %
18	Investment income percentage from 2020					18	0.00 %
19a	33 1/3% support tests - 2021. If the organ					re than 33 1/39	
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2020. If the organization	-					· 21
-	line 18 is not more than 33 1/3%, check this box						▶ □
20	Private foundation. If the organization did	•	•		•	-	ions . ▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI*.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 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		
•	3a		
ı	Ja		
	3b		
3)	3c		
	30		
	4a		
	4b		
	40		
	4c		
	5a		
	EL		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	404		
od	10b le A (Fo	rm 00	N 2024
cuu	15 A (F(,,,,,, aa,	<i>UZUZ1</i>

EEA Schedule A (Form 990) 2021

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

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

2b

3a

	e A (Form 990) 2021 Bootstraps to Share of Tucson Inc.		74-25807	68	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(explain</i>	in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organization	zatio	ns must complete Sections	A through E	
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Curren	t Year
Section A - Adjusted Net Income			(A) I IIOI Teal	(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			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current \	⁄ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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			1	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021 EEA

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017 Excess from 2018 Excess from 2019

Excess from 2020

Excess from 2021

and 4c.

8

е

Excess distributions carryover to 2022. Add lines 3j

. . . .

. . . .

Schedule A (Form 990) 2021 EEA

Schedule A (Form 990) 2021

Page 8

Part VII Supplemental Information. Provide the explanations required by Part II. line 10: Part II. line 17a or 17b: Part

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.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

Bootstraps to Share of Tucson Inc.

74-2580768

Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (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 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization Employer identification number

Bootstraps to Share of Tucson Inc.

74-2580768

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Rose Forbes 3465 N Richland Tucson AZ 85719	\$18,00 <u>5</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Community Foundation for SoAZ 5049 E Broadway Ste 201 Tucson AZ 85711	\$27,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	City of Tucson 310 N Commerce Park Loop Tucson AZ 85745	\$21,831	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	U.S Small Business Administration 409 3rd Street SW Washington DC 20416	\$121,834	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Stranahan Foundation 4169 Holland-Sylvania Rd No 201 Toledo OH 43623	\$	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

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2021

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Bootstraps to Share of Tucson Inc.

74-2580768 Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 4 5 Clothing and household goods 6 Cars and other vehicles 7 8 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation 15 Real estate - Residential Real estate - Commercial 16 17 18 19 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(Used bikes 367 Х 111,169 fair market value 26 Other ►(Bike parts х 13,142 109,770 fair market value 27 Other ► (28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? х **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Open to Public Inspection

Employer identification number

74-2580768 Bootstraps to Share of Tucson Inc. 01. Form 990 governing body review (Part VI, line 11) BICAS' finance committee reviews the 990 and submits it to the Board and Collective for review and comment. 02. Conflict of interest policy compliance (Part VI, line 12c) On a quarterly basis Collective members verbally confirm that they continue to not have any conflicts of interest. Board and Collective Members are also urged to disclose conflicts as they arise as well as to disclose situations that are evolving that may result in a conflict of interest. Advance disclosure must occur so that a determination may be made as to the appropriate plan of action to manage the conflict. Disclosures should be made to the Board or to the HR committee as soon as the person with the conflict is aware of the conflict/potential conflict or that an appearance of a conflict exists. Any Board Member negotiating a contract for BICAS must affirm in writing that they have no conflict of interest related to the contract 03. Governing documents, etc, available to public (Part VI, line 19) BICAS' exemption documentation, 990 filings, and the conflict of interest policy are posted on the Info for Donors page of our website. Entities may request our Articles of Incorporation and Bylaws by emailing bicas@bicas or calling 520-628-7950 https://bicas.org/donate/info-for-donors/ 04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

BICAS has a ten-year loan on its building with a balloon payment due at the end of the

Name of the organization	Employer identification number
Bootstraps to Share of Tucson Inc.	74-2580768
term. Management has been making extra payments on the loan. In order to r	ot overstate
current year expenses (BICAS operates on the cash basis of accounting), Man	agement has
excluded these payments from occupancy expense.	

Part III - Statement of Program Accomplishments

Community Tools: In 2021 the Shop Committee provided 6 months of community aid and service, operating in the pandemic model of gate service that had been started in 2020. Through June BICAS received nearly 5,000 visits from the public, performing sliding scale and free repairs on 662 customer bicycles, providing 23 free "Essential Bikes" to those in need, and sending an additional 926 bicycles back out into the community, as well as new and used parts. In July BICAS fully reopened the doors and returned to prior programming. From July through December 774 individuals repaired their bicycles through Community Tools, receiving 1,573 hours of support from our Community Mechanics. 271 individuals performed "WorkTrade", volunteering their time to earn a bicycle to fix up in Community Tools through a myriad of tasks including processing donations of bicycle and parts received from the public, recycling unusable donations, and practicing shop management skills. A total of 54 bikes were earned through this program. Opportunities for Community Service were provided to 39 adults. An additional 71 youth participated in Shop programs. 6 new staff were hired across the year and trained to be mechanical instructors, amongst other committee responsibilities pertinent to the management of the non-profit. From a tally at the door it is estimated that over 10,000 individuals were served throughout the year. The Shop Committee carries out both the "salvage" component of the organization as well as a piece of the education component, providing access to sustainable transportation and empowering people to learn and perform necessary repairs to keep their bicycles safely running.

Volunteer/Outreach: In 2021 BICAS hosted 13 volunteer drop in day frequented by 10 regular volunteers. Participants stripped bikes and were able to learn how mechanical systems worked together as well as build up community connections. These days also served as training for new staff to learn the salvaging aspect of their jobs and help them continue the recycling portion of BICAS. Including people completing community service requirements, BICAS had a total of 49 volunteers in 2021 amounting to 766 hours of bicycle salvage.

Education/Youth: Due to the high Covid cases in Tucson, BICAS continued the Virtual Youth-Earn-A-Bike developed during 2020, in which students learn how to overhaul bicycle systems, and earn a bike, lock, and helmet at the end of the program. 4 virtual Youth Earn a Bikes were held between January and June 2021. Once it became safer to hold events in the shop, BICAS held 5 YEAB summer camps and workshops between June and December (with necessary Covid precautions). 60 Local youth earned and repaired bikes through the ed department. 2 staff members were trained to be youth instructors. BICAS partnered with multiple schools (Los Amigos, Pueblo Gardens, PPEP Tech High, Tucson High, Changemaker High) and the Living Streets Alliance in order to bring bicycle mechanics to a wide variety of Tucson youth. 26 basic maintenance classes were taught, exceeding pre-covid numbers in just half a year. BICAS also hosted 2 wheel building classes, 2 gear clinics, and 7 Build-a-Bike courses, where people learn how to completely refurbish a bicycle. 196 adults were enrolled in classes, and 107 youth.

The Ochoa bike club returned this year with reduced class sizes due to safety concerns at the John Valenzuela Youth Center who hosts the club. 10 students from South Tucson learned riding skills, basic flat repairs, and road safety during the fall ride clubs, with two students learning to ride a bike for the first time. BICAS Youth Programs also supported the formation of a new bike club at Mission View Elementary, with a mul Ride Leader training for their staff and Fix a Flat lessons for 4 staff plus 15 youth. Mission View and Ochoa Bike Clubs are supported by the Living Streets Alliance and Safe Routes to School in partnership with the after-school programs and BICAS.

Art: In 2021 the Art Committee planned and hosted its first annual Art Mart in the BICAS parking lot. Social distancing and mask requirements were observed. 13 artists were set up with booths and there were an estimated 100 attendees. The event benefited the BICAS artistic salvage programs as well as local artists and helped foster community engagement. Several virtual art workshops were held, including a Bike Tube Wallet

tutorial, which engaged several hundred home crafters during COVID in recycling old bike parts. The art program hosted 16 Art drop -ins, in which volunteers could earn work trade by making art to be sold in the shop.

WTF: BICAS continued its WTF (women, trans, femme) workshop in 2021 and served a total of 390 people. This program provided a space every week for people historically kept away from bike mechanics to learn more about their bicycles and get necessary repairs done. In addition to the weekly workshops, this program hosted 2 basic maintenance classes. Monthly themed rides were held from May onward, giving the community a safe, enriching outing and comfortable riding environment to develop an appreciation for the land and community in the city. WTF secured 2 grants this year from the Alliance Fund and New Belgium which helped it further develop its programs and community engagement.