** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

ΑI	For the	2023 calendar year, or tax year beginning	and	ending			•					
	Check if	C Name of organization			D Employer	identificat	tion number					
á	applicable	e:										
	Addre		! .									
F	Name chang				86-01	.72257						
F	Initial	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone	number						
F	Final	P O BOX 40217	, , , , , , , , , , , , , , , , , , ,									
_	☐return/ termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	\$	6,580,927.					
Г	Ameno		Zii di lelelgii pedial dede		H(a) Is this a							
F	Applic		SE WATTERS			rdinates?						
	tion pendir	SAME AS C ABOVE			H(b) Are all subo		···· — —					
$\overline{}$	Γαν-Αν	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	7 ` ´		t. See instructions					
	Websit		(IIISEIT IIO.) 4947(a)(1)	01 321	H(c) Group ex							
			ssociation Other	I Voor	of formation: 19		State of legal domicile: AZ					
	art I	Summary	Sociation Other	L TEal	or formation, ±3	37 IVI 3	nate of legal doffficile, 222					
. ,	_		CPF CC	ם מווחם מ								
ě	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDOLE O								
anc	١.											
Governance	2		ntinued its operations or dispos			1.1						
Š	3	Number of voting members of the governing body					46					
		Number of independent voting members of the government					46					
es	5	Total number of individuals employed in calendar y					103					
Activities &	6	Total number of volunteers (estimate if necessary)					50					
Αct	7 a	Total unrelated business revenue from Part VIII, co					0.					
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>			0.					
					Prior Year		Current Year					
Φ	8	Contributions and grants (Part VIII, line 1h)			8,325	,056.	3,966,667.					
nue	9	Program service revenue (Part VIII, line 2g)			14	1,853.	24,666.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		332	2,662.	106,543.					
—	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			,171.	-178,049.					
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		8,573	3,400.	3,919,827.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12	2,160.	7,700.					
	14	Benefits paid to or for members (Part IX, column (A	.), line 4)			0.	0.					
ý	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		2,558	3,195.	2,457,443.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)		8	3,627.	0.					
ē	. b	Total fundraising expenses (Part IX, column (D), line	e 25) 324,	425.								
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,742	2,401.	2,456,113.					
		Total expenses. Add lines 13-17 (must equal Part I)			4,321	,383.	4,921,256.					
	1	Revenue less expenses. Subtract line 18 from line			4,252	2,017.	-1,001,429.					
or		·		Ве	ginning of Curre	nt Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)			14,861	,884.	14,506,160.					
ASS	21	Total liabilities (Part X, line 26)			405	5,404.	574,819.					
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		14,456	,480.	13,931,341.					
	art II	Signature Block		<u> </u>								
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the be	est of my kn	owledge and belief, it is					
		t, and complete. Declaration of preparer (other than office				-	,					
		Benise Watters	,			0/07/202	24					
Sig	n	Signature of officer			Date							
Her		DENISE WATTERS, CEO										
	•	Type or print name and title										
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN					
Paid	d	MICHAEL A. HOERIG, CPA	Michael a. Hoerig		10/08/2024	if self-employed	P01782557					
	parer	Firm's name HEINFELD, MEECH, & CO, P.O	Z.	L	Firm's		-0558065					
	Only	Firm's address 10120 N. ORACLE ROAD			1111113		<u> </u>					
550	J.11.j	TUCSON, AZ 85704			Dhono	no.520-7	42-2611					
	, +ba II	29 discuss this return with the preparer shown abo	vo2 Coo inate rations		I FIIUIIE	, 110 2 - 7	X Ves No					

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF BOYS & GIRLS CLUBS OF TUCSON IS TO PROVIDE YOUNG PEOPLE	
	IN TUCSON, ESPECIALLY THOSE WHO NEED US MOST, WITH A CLEAR PATH TO	
	REACH THEIR FULL POTENTIAL AND PURSUE THEIR DREAMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, and
	revenue, if any, for each program service reported.	04.666
4a		24,666.
	BOYS & GIRLS CLUBS OF TUCSON REACHES THOUSANDS OF CLUB MEMBERS AGES 7 -	
	17 YEARS OLD ANNUALLY ACROSS SIX CLUBHOUSES, ALL OF WHICH ARE LOCATED IN TUCSON'S MOST VULNERABLE COMMUNITIES. WE STRIVE TO ENSURE THAT EVERY	
	· · · · · · · · · · · · · · · · · · ·	
	CLUBHOUSE IS A SAFE AND FUN PLACE WHERE CLUB MEMBERS CAN CREATE MEANINGFUL AND LASTING CONNECTIONS WITH CARING ADULTS AND POSITIVE	
	PEERS. BUILDING ON THAT FOUNDATION, CLUB MEMBERS ARE INVITED TO ENGAGE	
	IN FREE-CHOICE ACTIVITIES AND STRUCTURED PROGRAMS YEAR-ROUND THAT EQUIP	
	THEM WITH CRITICAL SKILLS AND COMPETENCIES. WE EMPLOY TALENTED YOUTH	
	DEVELOPMENT PROFESSIONALS WHO ARE SUPPORTED BY LOCAL PARTNERS AND	
	VOLUNTEERS SO THAT WE CAN OFFER A BROAD RANGE OF DEVELOPMENTALLY	
	APPROPRIATE ACTIVITIES AND PROGRAMS LINKED TO THE FOLLOWING CORE FOCUS	
	AREAS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\
	/ (Expended a final fina	<i>,</i>
4c	(Code:) (Expenses \$)
4d		
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 3,740,768.	200

86-0172257

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in 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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
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		Х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023)

BOYS & GIRLS CLUBS OF TUCSO

Part IV Checklist of Required Schedules (continued)

	(sortimos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	ı
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			ı
	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			ı
	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			ı
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			177
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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? <i>If</i> "Yes," <i>complete</i>			
	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		X
35 a	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			ı
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ı
	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			ı
	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?		_	ı
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
,	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the Harmon reported in book of Ferri roce. Enter of infect applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		1c	Х	
	(gambling) winnings to prize winners?	110		

86-0172257

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a103			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 46			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6		6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
	The governing body?	8a	Х	
a b			X	
9		OD		
3		۱		x
Sec	tion B. Policies (This Costian B required information shout policies not required by the Internal Byconic Code)	1 3	l	
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chanters, branches, or affiliates?	102	163	X
		IUa		
		10h		
11a				х
b		114		
12a		122	х	
b			Х	
		12.0		
ŭ		120	х	
13	Billion and the state of the st		Х	
14			Х	
15				
а		15a	х	
				х
~		.55		
16a				
	Associate and the characters the constant	16a		х
h	, , ,	100		
_				
	, , , , , , , , , , , , , , , , , , , ,	16b		
Sec	tion C. Disclosure			
17				
18	· · · · · · · · · · · · · · · · · · ·	s only)	availal	ble
		,,		
19	(-	d finan	cial	
	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			
20				
	DENISE WATTER, CEO - 520-573-3533			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)				C) ition	1		(D)	(E)	(F)
Name and title	Average hours per		not c	heck i	more	than (Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	<u></u>	10001120)		organizations
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former			
(1) WATTERS, DENISE	40.00									
CEO				Х				175,560.	0.	17,800.
(2) TOTH, CARRIE	40.00									
VICE PRESIDENT OF FINANCE				Х				65,885.	0.	8,036.
(3) ADAIR, KYM	0.00									
SENIOR BOARD MEMBER		Х						0.	0.	0.
(4) ADAMS, MIKE	0.00									
BOARD MEMBER		Х						0.	0.	0.
(5) BARNES, ADIA	0.00	1								
BOARD MEMBER		Х						0.	0.	0.
(6) BAYLESS, LISA	1.00	-								
BOARD MEMBER		Х						0.	0.	0.
(7) BIEN, DEONA	0.00	1								
BOARD MEMBER		Х						0.	0.	0.
(8) BISBIOCCI, TODD	5.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(9) BONVICINI, JOAN	1.00	ł								
SECRETARY TELEVI	0.00	Х		Х				0.	0.	0.
(10) BRANSTON, LEIGH	0.00	.,						0.	_	
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) BUSCH, FRANK BOARD MEMBER	0.00	x						0.	0.	0
	5.00	^						0.	٠.	0.
(12) BUTCHER, JULIE PRESIDENT	3.00	X		Х				0.	0.	0.
(13) CRISTIANI, JOE	0.00	^						0.	0.	<u> </u>
SENIOR BOARD MEMBER	0.00	х						0.	0.	0.
(14) DENEKE, SAMUEL	0.00							· · ·	· ·	•••
BOARD MEMBER	0.00	х						0.	0.	0.
(15) ESCAMILLA, DOMINIC	0.00								••	•••
BOARD MEMBER	— • • • • • • • • • • • • • • • • • • •	х						0.	0.	0.
(16) FALBAUM, VANCE	1.00									
SENIOR BOARD MEMBER		х						0.	0.	0.
(17) FEEMSTER, LAURA	0.00									
SENIOR BOARD MEMBER		х						0.	0.	0.
	-	•	_			_				- 000 (assa)

1 01111 000 (2020)	ו זט פסטחט פר	UCD	ОΝ,	TIA	٠.				86-01/223	7 Page 6
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle: cer ar	ss pei	more rson i	than dis both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) FREITCHEN, ESPERANZA	0.00									
BOARD MEMBER		х						0.	0.	0.
(19) GEARE, CHRISTINA	0.00									
BOARD MEMBER		Х						0.	0.	0.
(20) GORDON, CHRIS	0.00									
BOARD MEMBER		Х						0.	0.	0.
(21) GRAY, SUSAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) GRISSOM, PAM	0.00									
BOARD MEMBER		Х						0.	0.	0.
(23) GULOTTA, JOSEPH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) HARRISON, LEIGH-ANNE	0.00									
BOARD MEMBER		Х						0.	0.	0.
(25) HOFFMAN, BOB	0.00									
BOARD MEMBER		Х						0.	0.	0.
(26) KAGELE, BRITTANY	5.00									
PAST-PRESIDENT		Х		Х				0.	0.	0.
1b Subtotal								241,445.	0.	25,836.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)			<u></u>			<u></u>		241,445.	0.	25,836.
2 Total number of individuals (including bu								ceived more than \$100.	.000 of reportable	

compensation from the organization

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not	limited to those listed	above) who received more than	

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 BOYS & GIRLS	CLUBS OF T	UCS	ON,	IN	C.				86-01722	257
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(c		Pos	C) ition that		lv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) KASMAR, CHAD BOARD MEMBER	0.00	x						0.	0.	0
(28) LENTZ, LIBY	1.00									
BOARD MEMBER		х						0.	0.	0
(29) LEYVA, JORGE	0.00									
BOARD MEMBER		Х						0.	0.	0
(30) MASLYN, KELLE	0.00									
SENIOR BOARD MEMBER		Х						0.	0.	0
(31) MCGLINN, LAURA	0.00									
BOARD MEMBER		Х						0.	0.	0
(32) MOELLER, JOE	0.00									
BOARD MEMBER		Х						0.	0.	0
(33) MORTON, CATHERINE J	0.00	-								
BOARD MEMBER		Х						0.	0.	0
(34) NANNA, SPANKY	0.00	ļ								
SENIOR BOARD MEMBER	0.00	Х	_					0.	0.	0
(35) NANOS, CHRIS BOARD MEMBER	0.00	x						0.	0.	0
(36) PARVELLO, TREENA	0.00	^						0.	0.	0
BOARD MEMBER	0.00	х						0.	0.	0
(37) RAMOS, MARITZA	0.00							· ·	•	
BOARD MEMBER		х						0.	0.	0
(38) RHEY, HANS	0.00									
BOARD MEMBER		х						0.	0.	0
(39) ROBERTSON, TOM	1.00									
BOARD MEMBER		х						0.	0.	0
(40) SABIN, KYRIA	0.00									
BOARD MEMBER		Х						0.	0.	0
(41) SIGSWORTH, MITCH	1.00									
BOARD MEMBER		Х						0.	0.	0
(42) SIPE, ILENE	2.00									
BOARD MEMBER		Х						0.	0.	0
(43) SMAELLIE, JAKE	0.00	-						_	_	_
BOARD MEMBER		Х				_		0.	0.	0
(44) THALLER, TOM BOARD MEMBER	0.00	Į.							_	_
(45) WAGNER, DEBBIE	0.00	Х	\vdash			\vdash		0.	0.	0
SENIOR BOARD MEMBER	0.00	х						0.	0.	0
(46) WESTERBEKE, JANA	0.00	Λ	\vdash			\vdash		0.	0.	
SENIOR BOARD MEMBER		х						0.	0.	0
Total to Part VII, Section A, line 1c	1		<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	

Form 990 BOYS & GIRLS									86-01722	257	
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee			ligh	est (es (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(0)			ition		1\	Reportable	Reportable	Estimated	
	hours per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	that Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
47) WOLF, JENNIFER	0.00										
BOARD MEMBER		Х						0.	0.	(
(48) ZARLING, JAMES	0.00										
SENIOR BOARD MEMBER		Х						0.	0.	1	
		-									
		1									
		1									
		-									
		1					ĺ				

86-0172257

Form 990 (2023)

Part VIII

Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	<u> </u>	Federated campaigns	1a	46,882.				
ant			Membership dues	1b	, ,				
S S			Fundraising events	1c	1,172,621.				
fts,			Related organizations	1d					
ij gi					1,067,971.				
ons,			Government grants (contributions)	1e	1,007,371.				
utio er (Т	All other contributions, gifts, grants, and	1 1	1 670 102				
ĕŧ			similar amounts not included above	1f	1,679,193.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$	539,616.	2 066 667			
O g		n	Total. Add lines 1a-1f		B	3,966,667.			
			DDOGDAY GEDUTGE TEEG		Business Code	24.666	24.666		
ce	2	а	PROGRAM SERVICE FEES		900099	24,666.	24,666.		
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			24,666.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			176,186.			176,186.
	4		Income from investment of tax-exem						
	5		Royalties						
) Real	(ii) Personal				
	6	а	Gross rents 6a	4,720.					
			Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	4,720.					
			Net rental income or (loss)	-		4,720.			4,720.
				ecurities	(ii) Other				
				360,371.					
		b	Less: cost or other basis						
<u>o</u>		_		130,014.					
her Revenue		c		-69,643.					
ě			Net gain or (loss)			-69,643.			-69,643.
౼			Gross income from fundraising events (r			, -			,
Ğ	Ü	u	including \$ 1,172,621.						
			contributions reported on line 1c). S	-					
			Part IV, line 18	I	12,875.				
		h	Less: direct expenses		209,854.				
			Net income or (loss) from fundraising			-196,979.			-196,979.
			Gross income from gaming activities						
	9	a	Part IV, line 19						
		L	Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns		35,442.				
			and allowances						
			Less: cost of goods sold		21,232.	14 210			14 210
-		С	Net income or (loss) from sales of in	ventory	Business Code	14,210.			14,210.
જ					Business Code				
eor Te	11								
Miscellaneous Revenue		b							
Sel Sev		С							
Mis			All other revenue						
\perp		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>		3,919,827.	24,666.	0.	-71,506.

332009 12-21-23

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 respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	7,700.	7,700.		
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,	065 000	100 450	120 000	05 615
trustees, and key employees	267,282.	102,459.	139,208.	25,615
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	4 005 054	1 100 200	0.00 106	105.055
7 Other salaries and wages	1,887,271.	1,488,300.	272,106.	126,865
8 Pension plan accruals and contributions (include	44 004	04 650	46 484	2 40-
section 401(k) and 403(b) employer contributions)	41,021.	21,653.	16,171.	3,197
9 Other employee benefits	105,650.	90,322.	5,869.	9,459
10 Payroll taxes	156,219.	123,247.	29,466.	3,506
11 Fees for services (nonemployees):				
a Management	77,942.	61,168.	12,836.	3,938
b Legal	28,342.	531.	27,811.	
c Accounting	57,557.	43,207.	7,175.	7,175
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,721.		26,721.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	13,091.	1,402.	867.	10,822
12 Advertising and promotion	21,420.	2,895.	15,316.	3,209
13 Office expenses	72,103.	50,221.	16,094.	5,788
14 Information technology	77,567.	54,476.	18,602.	4,489
15 Royalties		-		
16 Occupancy	63,324.	62,351.	973.	
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,297.	10,339.	28,906.	52
20 Interest				
21 Payments to affiliates	62,056.	34,740.	19,656.	7,660
Depreciation, depletion, and amortization	418,845.	406,280.	12,565.	
23 Insurance	78,714.	66,416.	10,378.	1,920
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a CLUB SUPPLIES AND MEALS	702,179.	584,062.	15,261.	102,856
b REPAIRS AND MAINTENANCE	677,013.	504,448.	169,187.	3,378
c TRANSPORTATION	32,593.	23,393.	7,715.	1,485
d				
e All other expenses	7,349.	1,158.	3,180.	3,011
25 Total functional expenses. Add lines 1 through 24e	4,921,256.	3,740,768.	856,063.	324,425
Joint costs. Complete this line only if the organization				<u> </u>
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or I	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,103,911.	1	1,428,232.		
	2	Savings and temporary cash investments	4,187,371.	2	2,997,040.		
	3	Pledges and grants receivable, net			500,456.	3	775,141.
	4	Accounts receivable, net			128,092.	4	12,140.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of the	hese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per				
		under section 4958(f)(1)), and persons describ	oed in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran sid some server and defermed also are			57,863.	9	55,677.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	12,025,367.			
	b	Less: accumulated depreciation	10b	8,781,606.	2,999,043.	10c	3,243,761.
	11	Investments - publicly traded securities			4,885,148.	11	5,994,169.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	14,861,884.	16	14,506,160.		
	17	Accounts payable and accrued expenses	304,913.	17	295,257.		
	18	Grants payable				18	
	19	Deferred revenue			100,491.	19	279,562.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the		22			
	23	Secured mortgages and notes payable to unr	d parties		23		
	24	Unsecured notes and loans payable to unrela	parties		24		
	25	Other liabilities (including federal income tax,	payables t	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			405,404.	26	574,819.
		Organizations that follow FASB ASC 958, or	heck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			11,895,938.	27	11,775,732.
l Ba	28	Net assets with donor restrictions			2,560,542.	28	2,155,609.
nuo		Organizations that do not follow FASB ASC	C 958, che	ck here			
ř		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current fun				29	
sei	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			14,456,480.	32	13,931,341.
	33	Total liabilities and net assets/fund balances			14,861,884.	33	14,506,160.

Form	1990 (2023) BOYS & GIRLS CLUBS OF TUCSON, INC.	86-017225	7	Pa	_{ge} 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	919,	827.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	921,	256.
3	Revenue less expenses. Subtract line 2 from line 1	3			429.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,	456,	480.
5	Net unrealized gains (losses) on investments	5		476,	290.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,	931,	341.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
			\Box	Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BOYS & GIRLS CLUBS OF TUCSON, INC. 86-0172257 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,411,862.	3,648,279.	6,133,631.	8,605,789.	3,966,667.	26,766,228.
2	Tax revenues levied for the organ-						
	ization'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	4,411,862.	3,648,279.	6,133,631.	8,605,789.	3,966,667.	26,766,228.
5							
	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)						169,160.
6	Public support. Subtract line 5 from line 4.						26,597,068.
	ction B. Total Support						, , -
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4,411,862.	3,648,279.	6,133,631.	8,605,789.	3,966,667.	26,766,228.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	120,887.	158,587.	185,488.	100,969.	180,906.	746,837.
۵	Net income from unrelated business	220,007.	200,007.	100,100.	200,505.	200,200.	, 10,007.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	722,524.	13,083.	34,610.	99,855.	12,875.	882,947.
	assets (Explain in Part VI.)	722,324.	13,003.	34,010.	77,033.	12,075.	28,396,012.
	Total support. Add lines 7 through 10	-1- (\			40	1,629,783.
	Gross receipts from related activities,	•	,			12	1,029,703.
13	First 5 years. If the Form 990 is for th			•			
80	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (li			aluma (fl)		14	93.66 %
						15	93.66 %
	Public support percentage from 2022						
100	a 33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
ľ	33 1/3% support test - 2022. If the constant is a small star is a small star in the constant in the constant is a small star in the constant in the constant is a small star in the constant i	•		•		•	
47	and stop here. The organization quali						
1/8	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			=	•	VI how the organiz	ation
_	meets the facts-and-circumstances te	-	•				
k	o 10% -facts-and-circumstances test	_					0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar		(Form 990) 2023

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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 box 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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
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Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		—
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	, ,			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	<i>y</i>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		·
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_ 7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in 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					
Sect	ion C - Distributable Amount			Current Year			
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						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting orga	nization (see			
	instructions).			·			

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
_6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
<u>a</u>	From 2018							
<u>b</u>	From 2019							
c	From 2020							
d	From 2021							
<u>e</u>	From 2022							
<u>f</u>	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
<u>_i</u>	Carryover from 2018 not applied (see instructions)							
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2023 distributable amount							
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
<u>a</u>	Excess from 2022 Excess from 2023							

Schedule A (Form 990) 2023

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
GROSS INCOME FROM FUNDRAISING EVENTS
2019 AMOUNT: \$ 695,512.
2020 AMOUNT: \$ 12,010.
2021 AMOUNT: \$ 28,615.
2022 AMOUNT: \$ 99,855.
2023 AMOUNT: \$ 12,875.
MISCELLANEOUS INCOME
2019 AMOUNT: \$ 7,742.
2020 AMOUNT: \$ 1,073.
2021 AMOUNT: \$ 5,995.
RAFFLE REVENUE
2019 AMOUNT: \$ 19,270.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

ВС	86-0172257				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 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				
	is covered by the General Rule or a Special Rule .)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one			
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					
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	**			
For Paperwork Reduction Ac	t Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF TUCSON, INC.

86-0172257

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Hame, audiess, and Zif + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Tullio, dudi ooo, diid Eli TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF TUCSON, INC.

86-0172257

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 8	Name, address, and ZIP + 4	\$\$	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
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Nume, audi 655, and Air T	\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF TUCSON, INC.

86-0172257

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

Schedule B (Form 990) (2023) Page 4

ame of or	ganization			Employer identification number			
	IRLS CLUBS OF TUCSON, INC.			86-0172257			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the	nrough (e) and the following line er	ntry. For organizations				
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or	less for the year. (Enter this in	nfo. once.) \$			
a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held			
	<u>'</u>	(e) Transfer of gi	ift				
	Transferee's name, address, and	3 ZIP + 4	Relationship of	transferor to transferee			
a) No.			<u> </u>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
arti							
	L	(e) Transfer of gi	ift				
-	Transferee's name, address, and	J ZIP + 4	Relationship of	transferor to transferee			
							
-\ NI -			T				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
arti							
		(e) Transfer of gi	ift				
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
_	Transferee's name, address, and	d ZIP + 4	Relationship of	transferor to transferee			
							
N N a	1		T				
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
arti							
-		(e) Transfer of gi	<u> </u>				
		(e) Italisiei oi gi					
	Transferee's name, address, and	ZIP + 4	Relationship of	transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2023
Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF TUCSON, INC.

Employer identification number

86-0172257

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds car	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	ose conferring
	impermissible private benefit?		Yes No
Pa			90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing cons	ervation easements during the vear
		J , , , , , , , , , , , , , , , , , , ,	<i>5</i> ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	ements that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publication and its Dark VIII the text of the feature to the fe		•
	service, provide in Part XIII the text of the footnote to its finance		
р	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			The state of the s
2	If the organization received or held works of art, historical trea		ncial gain, provide
	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Si	milar Asse	ts _{(conti}	nued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signif	icant use of its	6			
	collection items (check all that apply).									
а	a Public exhibition d Loan or exchange program									
b	b Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further th	e organization's ex	empt	purpose in Pa	rt XIII.			
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other simil	ar ass	ets			_	
	to be sold to raise funds rather than to be ma						Yes		No	
Par	t IV Escrow and Custodial Arrang		te if the organization	answered "Yes" o	n Forr	m 990, Part IV,	line 9, or			
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	•	•			_			٦	
_	on Form 990, Part X?					L	Yes		_ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		1		Δ			
						_	Amour	11		
	Beginning balance					1c				
	Additions during the year					1d				
_	Distributions during the year					1e				
f O-	Ending balance				۱ ا	1f			¬	
	Did the organization include an amount on Fo				-	L	Yes	H	∐ No	
Par	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds Complete if									
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prior year	(c) Two years back		Three years bac	k (e) Fou	r vears	hack	
1a	Beginning of year balance	3,092,500.	3,610,758.	3,327,092	+` -	2,993,551	_	,677,		
b	Contributions	8,298.	224,381.	72,228		24,794	_	76,082.		
0	Net investment earnings, gains, and losses	459,376.	-589,428.	376,267		439,172		431,209.		
d	Grants or scholarships	128,266.	153,211.	164,829		130,425		191,612		
	Other expenditures for facilities				+		1	'		
·	and programs									
f	Administrative expenses				1					
g	End of year balance	3,431,908.	3,092,500.	3,610,758		3,327,092	. 2	,993,	551.	
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1g. column (a)) held as:	•		1			
а	Board designated or quasi-endowment	69.5580	%	,						
b	Permanent endowment 28.9120	%	— -							
С	Term endowment 1.5290	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the					
	organization by:							Yes	No	
	(i) Unrelated organizations?						. 3a(i)		Х	
	(m) D						3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 2	K, line	10.				
	Description of property	(a) Cost or of basis (investment)		, , ,		mulated ciation	(d) Boo	ok valu	ie	
1a	Land									
b	Buildings		9	,400,848.	6	754,422.	2	,646,	426.	
	Leasehold improvements									
d	Equipment		1	,787,746.	1	,640,026.		147,	720.	
	Other			836,773.		387,158.		449,	615.	
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))			3	,243,	761.	
				·			le D (Fori	n 990	2023	

Schedule D	(1 01111 000) = 0=0	BS OF TUCSON, INC.		86-0172257	Page 3
Part VII	Investments - Other Securities				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financi	al derivatives				
. ,	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(h) must squal Form 000 Port V line 10 sel (D))				
Part VIII	(b) must equal Form 990, Part X, line 12, col. (B)) I Investments - Program Related.				
i ait viii	Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 990 Part V line 13		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	ond of year market	value
	(a) Description of investment	(b) BOOK value	(c) Method of Valuation. Cost of	end-or-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, line 15, co	of (B))			
Part X	Other Liabilities			•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25.	
1.	(a) Description of liability			(b) Book	value
	deral income taxes				
(2)	acial incomo taxos				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990. Part X. line 25. co	ol (B))		[

Schedule D (Form 990) 2023

X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

86-0172257

Complete if the organization answered "Yes" on Form 990, Part IV, lin		evenue per ne	turri	
4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	4,857,380.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	476,290.		
b Donated services and use of facilities		278,130.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	754,420.
3 Subtract line 2e from line 1			3	4,102,960.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,721.		
b Other (Describe in Part XIII.)		-209,854.		
c Add lines 4a and 4b			4c	-183,133.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,919,827.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F	Return	·
Complete if the organization answered "Yes" on Form 990, Part IV, lin				
Total expenses and losses per audited financial statements			1	5,382,519.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	278,130.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)		209,854.		
e Add lines 2a through 2d			2e	487,984.
3 Subtract line 2e from line 1			3	4,894,535.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,721.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	26,721.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	4,921,256.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an PART V, LINE 4:			; Part X, lir	ne 2; Part XI,
THE CLUB INTENDS TO USE EARNINGS FROM ENDOWMENT FUNDS TO SUPP	ORT			
OPERATIONS AND PROGRAMMATIC ACTIVITIES.				
PART X, LINE 2:				
MANAGEMENT HAS EVALUATED THE TAX POSITIONS TAKEN OR EXPECTED	TO BE TAKEN,			
IF ANY, ON ITS EXEMPT ORGANIZATION FILINGS, AND THE LIKELIHOO	D THAT UPON			
EXAMINATION THOSE POSITIONS WOULD BE SUSTAINED. BASED ON THE	RESULTS OF			
EXAMINATION THOSE POSITIONS WOULD BE SUSTAINED. BASED ON THE THIS EVALUATION, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN T				
THIS EVALUATION, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN T				
	AX POSITIONS.			
THIS EVALUATION, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN T				D (Faura 000) 2000

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	I G GI UDG OF MUGGON TNG					Employer ide 86-017225	ntification number
	LS CLUBS OF TUCSON, INC. Complete if the organization answe	red "Y	es" or	Form 990 Part IV li	ne 17		
required to complete this part		ieu i	C3 01	11 01111 990, 1 art IV, III	10 17	7. 1 OIIII 990-LZ	mers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individual 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ced in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 List all states in which the organizatio	n is registered or licensed to solicit c		 utions	or has been notified i	it is e	exempt from re	gistration
or licensing.							

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

Schedule G (Form 990) 2023

Pai	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Par	rt IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				OLSON DINNER	1 (4-4-1	col. (c))
e			(event type)	(event type)	(total number)	
Revenue			200 046	075 650		1 105 406
Ř	1	Gross receipts	209,846.	975,650.		1,185,496.
	2	Less: Contributions	200,121.	972,500.		1,172,621.
	_	2000. Gorial Ballone	,	,		, ,
	3	Gross income (line 1 minus line 2)	9,725.	3,150.		12,875.
	4	Cash prizes				
	_		2 022	22 707		25 700
S	5	Noncash prizes	2,922.	32,787.		35,709.
Direct Expenses	6	Rent/facility costs	70,254.	4,493.		74,747.
×p	Ŭ		, -	,		,
팅	7	Food and beverages	1,433.	3,808.		5,241.
Öire						
		Entertainment				75.
		Other direct expenses		36,340.		94,082.
		- · · · · · · · · · · · · · · · · · · ·				209,854.
Pa		Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Part IV line 10 or		-196,979.
ı a		\$15,000 on Form 990-EZ, line 6a.	answered fes on Form	1990, Part IV, line 19, or	reported more than	
		\$ 10,000 011 0111 000 <u>22, 1110 001</u>		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
۳	1	Gross revenue				
Se	2	Cash prizes				
eus	_					
Δ Q	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
흐	•					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	_	District Control of the Control of t	er to solve (18			
	1	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		The gamming mooning can make you can also mise t				
9	Ent	er the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	lf "I	No," explain:				
100	\\/ <u>`</u>	re any of the organization's gaming licenses re	wokod suspended exte	rminated during the tax	voor?	Yes No
		re any of the organization's gaming licenses re Yes," explain:			y c ai !	. Lites Lino
		. 55, одржи				

Sch	edule G (Form 990) 2023 BOYS & GIRLS CLUBS OF TUCSON, INC.	86-0172	2257	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	1	3a	%
	An outside facility		3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
		_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∟	Yes	∟ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	nt		
	of gaming revenue retained by the third party \$			
С	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager companyation			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?	Г	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	 1e		
~	organization's own exempt activities during the tax year \$	10		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III	lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a. a	,,	,
	ios, ios, io, and in a, do appropriation not provide any detailed and international control actions.			

Schedule G	(Form 990) BOYS & GIRLS CLUBS OF TUCSON, INC.	86-0172257	Page 4
Part IV	(Form 990) BOYS & GIRLS CLUBS OF TUCSON, INC. Supplemental Information (continued)		<u> </u>
	· · · (contained)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2023

Name of the organization								Employer identification number		
BOYS & GIRLS CLUBS OF TUCSON, INC.								86-0172257		
Part I	Part I General Information on Grants and Assistance									
	<u> </u>									
cr	teria used to award the grants or assis	stance?						X Yes No		
	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any									
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		

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

ION AND FEES t IV Supplemental Information. Provide the information red	12	7,700.	0.		
t IV Supplemental Information. Provide the information red	12	7,700.	0.		
I, LINE 2:					
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I, LINE 2:					
I, LINE 2:					
I, LINE 2:					
I, LINE 2:					
I, LINE 2:					
I, LINE 2:	 quired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
CLUB REQUIRES THAT RECIPIENTS PROVIDE REGISTRA	ATION FOR CLAS	SES AS WELL			
AINTAINING A 2.5 GPA. THE CLUB SENDS THE SCHOL	LARSHIP FUNDS	DIRECTLY TO			
COLLEGE.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BOYS & GIRLS CLUBS OF TUCSON, INC.

Employer identification number 86-0172257

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	<u>5a</u>		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a	1	1

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WATTERS, DENISE (i)	175,560.	0.	0.	1,260.	16,540.	193,360.	0.
CEO (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i) (ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(i) (ii)						+	1

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization **Employer identification number** BOYS & GIRLS CLUBS OF TUCSON, INC. 86-0172257 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Х 21,500. COMPARABLE SALES Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Х 251,714. COMPARABLE SALES Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (AUCTION ITEMS 1 258,902. SUBSEQUENT SALE PRIC 25 Other EVENT TICKETS Х 1 7,500. COMPARABLE SALES Other 26 27 Other 28 Other 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 3 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 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2023

describe in Part II.

Scriedie M (FOIII 990) 2023 Data & GRAD CLOSE OF TOCOCK, TRC.	je z
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	
SCHEDULE M, PART I, COLUMN (B):	
THE ORGANIZATION RECEIVES NUMEROUS CONTRIBUTIONS IN THE FORM OF	
SUPPLIES AND OTHER VARIOUS ITEMS. IT IS NOT REASONABLE TO ESTIMATE THE	
AMOUNT OF EACH DONATION.	

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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF TUCSON, INC.

Employer identification number 86-0172257

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023
AND IN THE COMMUNITY. AS CLUB MEMBERS CREATE AND IMPLEMENT PROJECTS IN	
PEOPLE TO DEVELOP AND PRACTICE LEADERSHIP IN THEMSELVES, WITH OTHERS	
1. LEADERSHIP & SERVICE: WE OFFER PROGRAMS DESIGNED TO SPARK YOUNG	
BOYS & GIRLS CLUBS CORE PROGRAM AREAS:	
MEMIL AND ADCOUNTED.	
HEARD AND RECOGNIZED.	
5. CLUB MEMBERS HAVE OPPORTUNITIES TO LEAD, SHARE THEIR IDEAS, AND BE	
FOSTER THEIR HOPE, A SENSE OF BELONGING, AND A SENSE OF PURPOSE.	
4. CLUB MEMBERS ENGAGE IN LEARNING AND ENRICHMENT EXPERIENCES THAT	
AND HELP THEM DEVELOP SKILLS FOR GOOD DECISION-MAKING.	
UPON YOUNG PEOPLE'S STRENGTHS, ALLOW THEM TO EXPLORE NEW EXPERIENCES,	
3. CLUB STAFF IMPLEMENT HIGH-QUALITY PROGRAMS AND ACTIVITIES THAT BUILD	
MEANINGFUL, AND HEALTH CONNECTIONS WITH CLUB STAFF AND PEERS.	
2. CLUBHOUSES PROVIDE CLUB MEMBERS OPPORTUNITIES TO DEVELOP POSITIVE,	
CHILDREN LEARN AND GROW.	
1. CLUBHOUSES ARE SAFE, POSITIVE, AND INCLUSIVE ENVIRONMENTS IN WHICH	
OUTCOMES:	
FIVE CORE BELIEFS THAT ANCHOR THE WORK WE DO TO ACHIEVE POSITIVE YOUTH	
BOYS & GIRLS CLUBS OF TUCSON'S YOUTH DEVELOPMENT APPROACH INCORPORATES	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
REACH THEIR FULL POTENTIAL AND PURSUE THEIR DREAMS.	
IN TUCSON, ESPECIALLY THOSE WHO NEED US MOST, WITH A CLEAR PATH TO	
THE MISSION OF BOYS & GIRLS CLUBS OF TUCSON IS TO PROVIDE YOUNG PEOPLE	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
,	

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** BOYS & GIRLS CLUBS OF TUCSON, INC. 86-0172257 THEIR CLUB AND ACROSS THE COMMUNITY, THEY GAIN NEW SKILLS AND COMPETENCIES, DEVELOP RELATIONSHIPS WITH PEERS AND ADULTS, STRENGTHEN THEIR SELF-CONFIDENCE, INCREASE RESPECT FOR THEIR OWN AND OTHER' CULTURAL IDENTITIES, AND CREATE MEANINGFUL CHANGE IN THEIR COMMUNITIES. PROGRAM EXAMPLES INCLUDE: ROOKIE ROCKSTARS (7-11 YEAR OLDS), TORCH CLUB (11-13 YEAR OLDS), AND KEYSTONE CLUB (TEENS). 2.EDUCATION & CAREERS: WE BELIEVE THAT PROMOTING ACADEMIC ACHIEVEMENT IS CRUCIAL TO SUPPORTING YOUNG PEOPLE WITH ACHIEVING SUCCESS IN THEIR LIVES. WE OFFER PROGRAMS THAT COMPLEMENT AND REINFORCE WHAT YOUTH LEARN DURING THE SCHOOL DAY AND INTEGRATE SOCIAL-EMOTIONAL DEVELOPMENT PRACTICES THAT PREPARE YOUTH TO BE EFFECTIVE, ENGAGED LEARNERS. CLUB MEMBERS ALSO HAVE SUPERVISED ACCESS TO COMPUTERS AND INTERNET FOR COMPLETING HOMEWORK ASSIGNMENTS AND RESEARCH PROJECTS. ADDITIONALLY, WE ARE COMMITTED TO SUPPORTING CLUB MEMBERS WITH DEFINING THEIR POST-SECONDARY PLANS, STRENGTHENING THEIR JOB READINESS SKILLS, AND EXPLORING CAREER PATHWAYS. PROGRAM EXAMPLES INCLUDE: POWER HOUR (PROVIDING HOMEWORK HELP, TUTORING, AND MOTIVATION); SUMMER BRAIN GAIN (FOCUSED ON PREVENTING SUMMER LEARNING LOSS); PROJECT LEARN (DESIGNED TO REINFORCE AND EXTEND LEARNING THROUGH HIGH-YIELD ACTIVITIES); MY.FUTURE DIGITAL LITERACY PROGRAM; CAREER LAUNCH (JOB READINESS AND WORKFORCE DEVELOPMENT); MONEY MATTERS; AND A VARIETY OF STEM/STEAM LEARNING EXPERIENCES. 3.HEALTH & WELLNESS: WE OFFER PROGRAMS DESIGNED TO ENGAGE YOUTH IN ENHANCING THE RELATIONSHIPS THEY HAVE WITH THEMSELVES AND OTHERS, REGULATING THEIR EMOTIONS, AND SOLVING PROBLEMS BY DEVELOPING

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** BOYS & GIRLS CLUBS OF TUCSON, INC. 86-0172257 SOCIALEMOTIONAL SKILLS. OUR PROGRAMS PROMOTE HEALTHY LIVING. POSITIVE HABITS AND BEHAVIORS, AND ACTIVE LIFESTYLES. CLUB MEMBERS LEARN TO NURTURE THEIR WELL-BEING, ESTABLISH HEALTHY BOUNDARIES, AND LEAD SUCCESSFUL LIVES. PROGRAM EXAMPLES INCLUDE: CYBERSAFETY, SMART MOVES (SUPPORTS YOUTH WITH PRACTICING HEALTHY DECISION MAKING AND CRITICAL THINKING SKILLS RELATED TO RESISTING RISKY BEHAVIORS), SMART GIRLS AND PASSPORT TO MANHOOD (FOCUSED ON TEACHING RESPECT AND RESPONSIBILITY). 4. THE ARTS: WE OFFER PROGRAMS DESIGNED TO DEVELOP CLUB MEMBERS CREATIVITY AND CULTURAL AWARENESS THROUGH KNOWLEDGE AND APPRECIATION OF THE VISUAL ARTS, PERFORMING ARTS, CREATIVE WRITING, CRAFTS, AND MORE. EVERY LOCATION HAS AN ARTS ROOM WHERE CLUB MEMBERS PARTICIPATE IN FREE CHOICE ACTIVITIES AND STRUCTURED PROGRAMS. ADDITIONALLY, WE PARTICIPATE IN THE BOYS & GIRLS CLUBS OF AMERICA NATIONAL FINE ARTS COMPETITION ANNUALLY. 5.SPORTS & RECREATION: WE OFFER ACTIVITIES AND PROGRAMS DESIGNED TO ENCOURAGE PARTICIPATION IN PHYSICAL FITNESS ACTIVITIES, SPORTS, AND RECREATION. CLUB MEMBERS HAVE ACCESS TO GYMS, LEAGUES, AND PROGRAMS THAT EQUIP THEM LEARN ABOUT ACHIEVING INDIVIDUAL AND TEAM RELATED GOALS. EXAMPLES INCLUDE: ALL STAR SPORTS (BASKETBALL, FOOTBALL, AND CHEER) AND TRIPLE PLAY (FOCUSED ON STRENGTHENING THE BODY. MIND AND SOUL). BOYS & GIRLS CLUBS OF TUCSON IS COMMITTED TO CONTINUOUSLY AND CREATIVELY RAISING FUNDS AND SECURING IN-KIND SUPPORT TO SUSTAIN OPERATIONS ACROSS ALL SIX OF OUR CLUBHOUSES. THE GENEROUS SUPPORT OF

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** BOYS & GIRLS CLUBS OF TUCSON, INC. 86-0172257 OUR DONORS AND PARTNERS ENABLES US TO KEEP MEMBERSHIP REGISTRATION FEES LOW, AT ONLY \$20 PER SCHOOL YEAR (AFTER-SCHOOL) AND \$60 FOR SUMMER CAMP (SIX WEEKS, FULL DAY). WE OFFER AN EXTENSIVE VARIETY OF PROGRAMS, FIELD TRIPS, RECREATION/SPORTS LEAGUES AND OTHER ACTIVITIES. NO ONE IS EVER TURNED AWAY DUE TO INABILITY TO PAY THE MEMBERSHIP FEES. TO ASSESS OUR EFFECTIVENESS, WE PARTICIPATE IN BOYS & GIRLS CLUBS NATIONAL YOUTH OUTCOMES INITIATIVE AND SURVEY CLUB MEMBERS ANNUALLY. WE ARE COMMITTED TO MAINTAINING AND STRENGTHENING HIGH-QUALITY CLUBHOUSE OPERATIONS. STAFF DEVELOPMENT AND PROGRAMMING. CLUB MEMBERS REPORT THAT THEY HAVE POSITIVE EXPERIENCES, FEEL A SENSE OF BELONGING AND FEEL SAFE. ADDITIONALLY, WE ARE WORKING TOWARD DEVELOPING PARTNERSHIPS WITH KEY STAKEHOLDERS SUCH AS TUCSON AREA SCHOOL DISTRICTS IN ORDER TO GATHER MORE DATA, SUCH AS GRADE PROGRESSION AND GRADUATION RATES, THAT WILL ASSIST US WITH REFINING OUR STRATEGIC FOCUSES FOR THE CLUBHOUSES. ULTIMATELY, WE BELIEVE THAT CLUB MEMBERS WHO ATTEND FREQUENTLY AND PARTICIPATE REGULARLY IN OUR PROGRAMS ACHIEVE HIGHER GRADES AND DEMONSTRATE ON-TIME GRADE PROGRESSION AND HIGH SCHOOL GRADUATION, AT HIGHER RATES THAN THEIR PEERS WHO DO NOT ATTEND THE CLUBS. BOYS & GIRLS CLUBS OF TUCSON HAS SERVED THE TUCSON COMMUNITY FOR OVER 60 YEARS AND WE ARE PROUD OF OUR LEGACY OF PREPARING YOUTH IN OUR COMMUNITY TO SUCCEED IN LIFE. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE. ONCE THE COMMITTEE HAS APPROVED THE 990 AND THE RETURN IS FINALIZED, IT IS AVAILABLE TO ALL

Name of the organization BOYS & GIRLS CLUBS OF TUCSON, INC.	Employer identification number 86-0172257
	00 0172237
GOVERNING BOARD MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION'S EMPLOYEES AND MEMBERS OF THE GOVERNING BOARD ARE	
REQUIRED TO REPORT ANY CONFLICTS OF INTEREST ANNUALLY, BY QUESTIONNAIRE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PERSONNEL COMMITTEE SENDS OUT A QUESTIONNAIRE TO THE GOVERNING BOARD.	
ANNUAL REVIEW IS BASED ON BOARD DISCUSSIONS BY THE COMMITTEE. COMPENSATION	
IS THEN REVIEWED AND APPROVED BY THE GOVERNING BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 86-0172257 BOYS & GIRLS CLUBS OF TUCSON, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour P.O. BOX 40217 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON AZ 85717 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of $\frac{\text{DENISE}}{\text{CEO}}$ 3155 E. GRANT ROAD - TUCSON, AZ 85716 Telephone No. 520-573-3533 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or _____ , 20 ____ , and ending ___ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс