Form <b>990</b>
Form JJJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

# \*\* 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.

OMB No. 1545-0047 Open to Public Inspection

Α	For the	e 2019 calendar year, or tax year beginning UL 1, 2019 and e	ending JT	JN 30, 2020											
B	Check if applicabl	c Name of organization		D Employer identific	cation number										
	Addre chang	FRESH START WOMEN S FOUNDATION													
	Name Chang														
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E       Telephone number         1130       EAST MCDOWELL ROAD       (602)261-7128													
		-													
_	ated Amen														
	return	FIGENIX, AZ 65000													
	tion pendir	F Name and address of principal officer: SUSAN BEALTAN		? Yes X No											
		1130 E MCDOWELL ROAD, PHOENIX, AZ 85006		H(b) Are all subordinates in											
		empt status: $X = 501(c)(3) = 501(c) ( ) \checkmark$ (insert no.) $4947(a)(1) c$	or 527	1 '	list. (see instructions)										
		WWW.FRESHSTARTWOMEN.ORG		H(c) Group exemption											
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1994   N	State of legal domicile: AZ										
F	_														
e	1	Briefly describe the organization's mission or most significant activities: FRESH S PROVIDES EDUCATION, RESOURCES AND SUPPORT FOR WOMEN TO POSITI		IEN S FOUNDATION											
Governance	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or dispose		than 25% of its not ass	oto										
/err	3				eis. 31										
ģ	4	Number of independent voting members of the governing body (Part VI, line Ta)			31										
ø	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			28										
ties	6	Total number of volunteers (estimate if necessary)			382										
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.										
Ac	h	Net unrelated business taxable income from Form 990-T, line 39			0.										
				Prior Year	Current Year										
	8	Contributions and grants (Part VIII, line 1h)		2,938,332.	2,988,815.										
anc	9	Program service revenue (Part VIII, line 2g)		39,370.	23,986.										
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,716.	153,800.											
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,087,418.	3,166,601.										
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		94,832.	79,624.										
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.										
ú	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,654,010.	1,777,215.										
Seg	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.										
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line 25)	348.												
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,191,643.	1,010,388.										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,940,485.	2,867,227.										
	19	Revenue less expenses. Subtract line 18 from line 12		146,933.	299,374.										
P	3		Be	ginning of Current Year	End of Year										
Net Assets or	20	Total assets (Part X, line 16)		7,286,692.	7,823,051.										
tAs	21	Total liabilities (Part X, line 26)		1,624,597.	1,832,684.										
Rei	22	Net assets or fund balances. Subtract line 21 from line 20		5,662,095.	5,990,367.										
Pa	art II	Signature Block													
Und	er pena	Ities of periury. I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is										

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date		
Here	SUSAN BERMAN, PRESIDENT / CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	AMY A. O'LOUGHLIN		10/27/20	D self-employed	₽00869687	
Preparer	Firm's name 🕞 CBIZ MHM, LLC			Firm's EIN 🕨 3	4-1884125	
Use Only	Firm's address 🕨 4722 N 24TH ST, STE 300					
	PHOENIX, AZ 85016		Phone no. 602-26	4-6835		
May the II	RS discuss this return with the preparer shown above	ve? (see instructions)			X Yes	No
932001 01-2	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form <b>990</b>	(2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2019) FRESH START WOMEN'S FOUNDATION	86-0762610	Page <b>2</b>
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:		
	FRESH START WOMEN'S FOUNDATION PROVIDES EDUCATION, RESOURCES AND		
	SUPPORT FOR WOMEN TO POSITIVELY TRANSFORM THEIR LIVES AND STRENGTHEN		
	OUR COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 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?	<b>Y</b>	es 🛛 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 m	easured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		,
4a	(Code:) (Expenses \$314,784. including grants of \$) (Revenue	\$	352.)
. Ca	CAREER SERVICES: FRESH START PROVIDED 7,189 CAREER CENTER VISIT TO	•	/
	ASSIST WOMEN INTO GAINFUL EMPLOYMENT OPPORTUNITIES DURING THIS FISCAL		
	YEAR. OVER 145 ONE-ON-ONE CAREER COACHING SESSIONS AND 72 CAREER PANEL		
	SESSIONS WERE CONDUCTED TO PROVIDE WOMEN WITH CONTINUED ENHANCEMENT AND		
	GUIDANCE OF INTERVIEWING, JOB SEARCHING, AND RESUME WRITING SKILLS. OUR		
	WEEK-LONG/40 HOUR "JUMP START" AND KICKSTART SERVED 179 WOMEN; 164		
	COMPLETED THE PROGRAM. THE CENTER IS EQUIPPED WITH FREE ACCESS TO 3		
	COMPUTER LABS AND PRINTERS; AND EACH OFFERS MULTIPLE PROGRAMS.		
	WEBSITES, AND INFORMATION FOR ONGOING USE BY OUR CLIENTS. NUMEROUS		
	VOLUNTEERS HAVE DONATED APPROX. \$325,000 IN FAIR VALUE SERVICES TO		
	PERFORM A VARIETY OF TASKS THAT ASSIST THE FOUNDATION WHICH ARE NOT		
	REFLECTED IN THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2020.		
4b	(Code:) (Expenses \$ 298,989. including grants of \$) (Revenue SOCIAL WORK SERVICES: THE TEAM OF SKILLED MASTERS IN SOCIAL WORKERS	\$	)
	CONDUCTED IN-DEPTH SESSIONS DESIGNED TO IDENTIFY BARRIERS AND RESOURCE		
	NEEDS WHICH WAS USED TO ASSIST WITH GOAL SETTING AND PROBLEM SOLVING,		
	AND DEVELOP INDIVIDUALIZED ACTION PLANS FOR GROWTH AND PROGRESS. FRESH		
	START PROVIDED 4,928 SUPPORT GROUPS IN THE AREAS OF DOMESTIC VIOLENCE,		
	SELF-ESTEEM, LOSS, BEREAVEMENT, ADDICTION, INTERPERSONAL RELATIONSHIPS		
	AND BOUNDARY SETTING. SUPPORT GROUP ATTENDANCE WAS 2,439 WOMEN		
	THROUGHOUT THE YEAR.		
4c	(Code:) (Expenses \$	\$	19,406.)
	FAMILY LAW SUPPORT SERVICES: PROVIDING QUALITY SERVICES IN THE AREA OF		
	FAMILY LAW TO HELP OUR CLIENTS NAVIGATE A COMPLICATED COURT SYSTEM, WE		
	CONDUCTED 1,819 INDIVIDUAL SESSIONS PROVIDING WOMEN WITH LEGAL		
	INFORMATION AND ASSISTANCE WITH DOCUMENT REVIEW AND/OR DOCUMENT		
	PREPARATION FOR THEIR DIVORCE OR FAMILY LAW MATTERS SUCH AS: CUSTODY,		
	CHILD SUPPORT, DIVORCE, ORDERS OF PROTECTION. WE ALSO HELD OUR		
	BI-ANNUAL LAW DAY THAT PROVIDES FREE ONE-ON-ONE VISITS WITH OVER 16		
	VOLUNTEER LAWYERS WHO PROVIDED 673 WOMEN WITH NECESSARY LEGAL ADVICE		
	AND OPTIONS THIS FISCAL YEAR.		
4d	Other program services (Describe on Schedule O.)		
10	(Expenses \$ 1,234,619. including grants of \$ 79,624.) (Revenue \$	4,228.)	
40	Total program service expenses 2,060,939.	-,·,	
-10		Eam	n <b>990</b> (2019)
00000		For	
<del>3</del> 3200	<sup>2</sup> 01-20-20 <b>2</b>		
110			10160

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Form 990 (2019) FRESH START WOMEN FRESH START WOMEN'S FOUNDATION

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ι.	
	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,"			1
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	0000	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	040		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
254	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	200		
-	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	x	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		л
38	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		30		
	Check if Schedule O contains a response or note to any line in this Part V			
	· · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2019) FRESH START WOMEN'S FOUNDATION 86-07626	L 0	Р	age <b>5</b>						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			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 2a 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	<b>b</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).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	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		x						
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		x						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
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		X						
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									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
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 11a									
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 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	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 13b	1								
с	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
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		X						
	If "Yes," see 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		X						
	If "Yes," complete Form 4720, Schedule O.									
		E	. uun	(0040)						

Form **990** (2019)

932005 01-20-20

	990 (2019) FRESH START WOMEN'S FOUNDATION 86-076261		P	age <b>6</b>
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a31	-		
	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 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
	The internal Revenue Code.)		Yes	No
10-	Did the extension have lead charters, branches, or efflicted?	100	162	X
	Did the organization have local chapters, branches, or affiliates?	10a		<u>л</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	s only)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	s orny)	avana	DIC
10	Image:	finan	rial	
19		1111111	nal	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records LATA PALL - 602-261-7128			
	1130 E. MCDOWELL ROAD, PHOENIX, AZ 85006			
		Г-	000	(0030)
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Form 990 (2	2019) FRESH START WOMEN'S FOUNDATION	86-0762610	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and tile         Average hours per measure biology and a decivance biology and a decivanc	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veck (list any hours for related organizations bios, unservations and all status persons is bein million (weight and all status persons is bein million)         compensation from the organizations (W-2/1099-MISC)         compensation the organizations (W-2/1099-MISC)         amount of other compensation from the organizations and related organizations           (1) SUSAN BERMAN         40.00         x         132,509.         0.         10,461.           (2) CATHY KLEEMAN         40.00         x         106,757.         0.         12,127.           (3) LATA PAIL         32,00         x         0.         0.         0.         0.           (4) PATTY WHITE         2.00         x         0.         0.         0.         0.           (5) MARX UPCHURCH         1.00         x         0.         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.           (10) MARA UPCHURCH         1.00         x         4         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.         0.           DIRECTOR         x         x         0.         0.         0.         0.         0.           DIRECTOR         x	Name and title	Average	(do	Position				ane	Reportable	Reportable	Estimated
Week Instance         Week Instance         Week Instance         Instance Instance         Instance organization (W.2/1089-MISC)         Compensation from the organization (W.2/1089-MISC)         Compensation from the organization (W.2/1089-MISC)           (1) SUSAN DEEMAN         40.00         X         132,509         0.         10,461.           (2) CATHY KLEEMAN         40.00         X         106,757.         0.         12,127.           (3) LATA PALL         32.00         X         70,980.         0.         9,867.           (4) PATY WHITE         2.00         X         0.         0.         0.         0.           (5) MARY UPCHURCH         1.00         X         0.         0.         0.         0.         0.           (6) FREECCA AILES FINE         1.00         X         0.         0.         0.         0.           (8) TRACY BANE         2.00         X         0.         0.         0.         0.           (1) BERCTOR         X         X         0.         0.         0.         0.         0.           (10) TRACY BANE         1.00         X         0.         0.         0.         0.         0.         0.           (11) DERCTOR         X         0.         0. <td></td> <td>hours per</td> <td>box</td> <td>, unle</td> <td>ss pe</td> <td>rson i</td> <td>s both</td> <td>n an</td> <td>compensation</td> <td>compensation</td> <td>amount of</td>		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
(1)         SUSAN BERMAN         40.00         X         132,509.         0.         10,461.           PRESIDENT/CEO         X         132,509.         0.         10,461.           (2)         CATHY KLEEMAN         40.00         X         106,757.         0.         12,127.           (3)         LATA PALL         32,00         X         70,980.         0.         9,867.           (4)         PATTY WHITE         2.00         X         X         0.         0.         0.           (5)         MARY UPCHURCH         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (7)         BARBARA ANDERSON         1.00         X         0.				cer ar		irecto	r/trus	tee)			
(1)         SUSAN BERMAN         40.00         X         132,509.         0.         10,461.           PRESIDENT/CEO         X         132,509.         0.         10,461.           (2)         CATHY KLEEMAN         40.00         X         106,757.         0.         12,127.           (3)         LATA PALL         32,00         X         70,980.         0.         9,867.           (4)         PATTY WHITE         2.00         X         X         0.         0.         0.           (5)         MARY UPCHURCH         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (6)         REBECCA AILES-FINE         1.00         X         0.			recto							J. J	•
(1)         SUSAN BERMAN         40.00         X         132,509.         0.         10,461.           PRESIDENT/CEO         X         132,509.         0.         10,461.           (2)         CATHY KLEEMAN         40.00         X         106,757.         0.         12,127.           (3)         LATA PALL         32,00         X         70,980.         0.         9,867.           (4)         PATTY WHITE         2.00         X         X         0.         0.         0.           (5)         MARY UPCHURCH         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (6)         REBECCA AILES-FINE         1.00         X         0.			or di	ee			ated		-	(W-2/1099-MISC)	
(1)         SUSAN BERMAN         40.00         X         132,509.         0.         10,461.           PRESIDENT/CEO         X         132,509.         0.         10,461.           (2)         CATHY KLEEMAN         40.00         X         106,757.         0.         12,127.           (3)         LATA PALL         32,00         X         70,980.         0.         9,867.           (4)         PATTY WHITE         2.00         X         X         0.         0.         0.           (5)         MARY UPCHURCH         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (7)         BARBARA ANDERSON         1.00         X         0.			ustee	trust		ee	bens		(W-2/1099-1015C)		-
(1)         SUSAN BERMAN         40.00         X         132,509.         0.         10,461.           PRESIDENT/CEO         X         132,509.         0.         10,461.           (2)         CATHY KLEEMAN         40.00         X         106,757.         0.         12,127.           (3)         LATA PALL         32,00         X         70,980.         0.         9,867.           (4)         PATTY WHITE         2.00         X         X         0.         0.         0.           (5)         MARY UPCHURCH         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (7)         BARBARA ANDERSON         1.00         X         0.			lual tr	tional		nploy	st con	_			
(1)         SUSAN BERMAN         40.00         X         132,509.         0.         10,461.           PRESIDENT/CEO         X         132,509.         0.         10,461.           (2)         CATHY KLEEMAN         40.00         X         106,757.         0.         12,127.           (3)         LATA PALL         32,00         X         70,980.         0.         9,867.           (4)         PATTY WHITE         2.00         X         X         0.         0.         0.           (5)         MARY UPCHURCH         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (6)         REBECCA AILES-FINE         1.00         X         0.			ndivic	nstitu	Officer	(ey en	Highes	orme			organizations
(2)         CATHY KLEEMAN         40.00         x         106,757.         0.         12,127.           (3)         LATA PALL         32.00         x         70,980.         0.         9,867.           CFO         x         70,980.         0.         9,867.         0.         0.           CFO         x         x         0.         0.         0.         0.           CFO         x         0.         0.         0.         0.         0.           CFO         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(1) SUSAN BERMAN	40.00				-		-			
VP OF DEVELOPMENT         X         106,757.         0.         12,127.           (3) LATA PALL         32.00         X         70,980.         0.         9,867.           (4) PATTY WHITE         2.00         X         X         0.         0.         9,867.           (5) MARY UPCHURCH         1.00         X         X         X         0.         0.         0.           DIRECTOR         X         X         X         0.         0.         0.         0.           (6) REBECCA AILES-FINE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	PRESIDENT/CEO		1		x				132,509.	0.	10,461.
(3)         LATA PALL         32.00         x         70.980.         0.         9,867.           CPO         x         x         x         x         0.         0.         9,867.           CHAIR         x         x         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.         0.           CHAIR         1.00         x         x         0.         0.         0.         0.           CHAIR         1.00         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           (7)         BARBARA ANDERSON         1.00         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           (9)         GRA BONSALL         2.00         x         x         0.         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.         0.	(2) CATHY KLEEMAN	40.00									
CPO         x         70,980.         0.         9,867.           (4) PATTY WHITE         2.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.         0.           CHAIR         1.00         x         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           OIRECTOR         x         0.	VP OF DEVELOPMENT						x		106,757.	0.	12,127.
(4) PATTY WHITE       2.00       x       x       x       0.       0.       0.         (5) MARY UPCHURCH       1.00       x       x       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.         (6) REBECCA ATLES-FINE       1.00       x       0.       0.       0.       0.         (7) BARBARA ANDERSON       1.00       x       0.       0.       0.       0.         (8) TRACY BAME       1.00       x       0.       0.       0.       0.         (9) GENA BONSALL       2.00       x       0.       0.       0.       0.         (10) MAGALY CARSON       1.00       x       x       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.         (11) MAGALY CARSON       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.       0.         (11) DR, ANTOINETTE FARMER-THOMPSON       1.00       x       0.       0.       0.       0.       0.       0.	(3) LATA PALL	32.00									
CHAIR         x         x         x         x         0.         0.         0.           (5)         MARY UPCHURCH         1.00         x         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           OBTRECTOR         X         0.	CFO				х				70,980.	0.	9,867.
(5) MARY UPCHURCH       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.         (6) REBECCA ALLES-FINE       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         SECRETARY       x       x       0.       <		2.00									
DIRECTOR         X         0         0.         0.         0.           (6) REBECCA AILES-FINE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7) BARBARA ANDERSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) TRACY BAME         1.00         X         0.         0.         0.         0.           SECRETARY         X         0.         0.         0.         0.         0.         0.           SECRETARY         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) MAGALY CARSON         1.00         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           1100         X			Х		х				0.	0.	0.
(6)         REBECCA AILES-FINE         1.00         x         0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
DIRECTOR         X         I         0.         0.         0.         0.           (7)         BARBARA ANDERSON         1.00         X         I         0.         0.         0.           DIRECTOR         X         I         I         0.         0.         0.         0.           (8)         TRACY BAME         1.00         X         I         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           GENA BONSALL         2.00         X         X         0.         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           (10)         MAGALY CARSON         1.00         X         X         0.         0.         0.           (11) DR. ANTOINETTE FARMER-THOMPSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         V         0.         0.         0.         0.         0.           DIRECTOR         X         V         0.         0.         0.         0.         0.         0.			Х						0.	0.	0.
(7)       BARBARA ANDERSON       1.00       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.         (8)       TRACY BAME       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         09       GENA BONSALL       2.00       x       x       0.       0.       0.         (10)       MAGALY CARSON       1.00       x       x       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.       0.         (11)       DR. ANTOINETTE FARMER-THOMPSON       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (14)       FRALENE KEOGH PARKS       1.00       0.       0.		1.00									
DIRECTOR         X         X         0         0.         0.         0.         0.           (8) TRACY BAME         1.00         X         0         0.			Х						0.	0.	0.
(8)         TRACY BAME         1.00         x         0         0.		1.00									
DIRECTORXX00.0.(9) GENA BONSALL2.00XXX0.0.SECRETARYXXX0.0.0.(10) MAGALY CARSON1.00X00.0.DIRECTORX00.0.0.(11) DR. ANTOINETTE FARMER-THOMPSON1.00X0.0.DIRECTORX00.0.0.(12) LORRAINE FIELD1.00X0.0.0.DIRECTORX0.0.0.0.(13) MICHELLE FRIEDMAN1.00X0.0.0.DIRECTORX00.0.0.(14) FRANCES HAYNES1.00X0.0.0.DIRECTORX0.0.0.0.(15) ANDREA KATSENES PAPPAS1.00X0.0.0.DIRECTORX0.0.0.0.0.(17) JANET KIZZIAR PHD1.00X0.0.0.DIRECTORX0.0.0.0.0.(17) JANET KIZZIAR PHD1.00X0.0.0.DIRECTORX0.0.0.0.			X						0.	0.	0.
(9) GENA BONSALL       2.00       x       x       x       0.       0.       0.         SECRETARY       x       x       x       0.       0.       0.       0.         (10) MAGALY CARSON       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (11) DR. ANTOINETTE FARMER-THOMPSON       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (12) LORRAINE FIELD       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (13) MICHELLE FRIEDMAN       1.00       X       0.		1.00									
SECRETARY         X         X         X         X         0.			X						0.	0.	0.
(10) MAGALY CARSON         1.00         x         0         0.		2.00									
DIRECTOR         X         X         0         0.			X		X				0.	0.	0.
(11) DR. ANTOINETTE FARMER-THOMPSON1.00x0.0.0.DIRECTOR1.00x0.0.0.0.(12) LORRAINE FIELD1.00x0.0.0.0.DIRECTORx0.0.0.0.0.(13) MICHELLE FRIEDMAN1.00x0.0.0.0.DIRECTORx0.0.0.0.0.0.(14) FRANCES HAYNES1.00x0.0.0.0.DIRECTORx0.0.0.0.0.(15) ANDREA KATSENES PAPPAS1.00x0.0.0.DIRECTORx0.0.0.0.0.(16) KARLENE KEOGH PARKS1.00x0.0.0.0.DIRECTORx0.0.0.0.0.0.DIRECTORx0.0.0.0.0.0.DIRECTORx0.0.0.0.0.0.DIRECTORx0.0.0.0.0.0.DIRECTORx0.0.0.0.0.0.	(10) MAGALY CARSON	1.00									
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(12) LORRAINE FIELD       1.00       x       0       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         (13) MICHELLE FRIEDMAN       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         (14) FRANCES HAYNES       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.         (15) ANDREA KATSENES PAPPAS       1.00       x       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.         (16) KARLENE KEOGH PARKS       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         (17) JANET KIZZIAR PHD       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.       0.	(11) DR. ANTOINETTE FARMER-THOMPSON	1.00									
DIRECTORXX00.0.(13) MICHELLE FRIEDMAN1.00X00.0.DIRECTORX00.0.0.(14) FRANCES HAYNES1.00X00.0.DIRECTORX00.0.0.(15) ANDREA KATSENES PAPPAS1.00X0.0.0.DIRECTORX00.0.0.(16) KARLENE KEOGH PARKS1.00X00.0.DIRECTORX00.0.0.(17) JANET KIZZIAR PHD1.00X00.0.DIRECTORX00.0.0.	DIRECTOR		Х						0.	0.	0.
(13) MICHELLE FRIEDMAN1.00x0.0.0.DIRECTORx0.0.0.0.0.(14) FRANCES HAYNES1.00x0.0.0.DIRECTORx0.0.0.0.0.(15) ANDREA KATSENES PAPPAS1.00x0.0.0.DIRECTORx0.0.0.0.0.(16) KARLENE KEOGH PARKS1.00x0.0.0.DIRECTORx0.0.0.0.(17) JANET KIZZIAR PHD1.00x0.0.0.DIRECTORx0.0.0.0.	(12) LORRAINE FIELD	1.00									
DIRECTORXX00.0.(14) FRANCES HAYNES1.00X00.0.DIRECTORX00.0.0.(15) ANDREA KATSENES PAPPAS1.00X00.0.DIRECTORX00.0.0.(16) KARLENE KEOGH PARKS1.00X00.0.DIRECTORX00.0.0.(17) JANET KIZZIAR PHD1.00X00.0.DIRECTORX00.0.0.	DIRECTOR		Х						0.	0.	0.
(14) FRANCES HAYNES1.00X0.0.0.DIRECTORX0.0.0.0.0.(15) ANDREA KATSENES PAPPAS1.00X0.0.0.DIRECTORX0.0.0.0.0.(16) KARLENE KEOGH PARKS1.00X0.0.0.DIRECTORX0.0.0.0.(17) JANET KIZZIAR PHD1.00X0.0.0.DIRECTORX0.0.0.0.	(13) MICHELLE FRIEDMAN	1.00									
DIRECTORXX00.0.(15) ANDREA KATSENES PAPPAS1.00X00.0.DIRECTORX00.0.0.(16) KARLENE KEOGH PARKS1.00X00.0.DIRECTORX00.0.0.(17) JANET KIZZIAR PHD1.00X00.0.DIRECTORX00.0.0.			Х						0.	0.	0.
(15) ANDREA KATSENES PAPPAS1.00X0.0.0.DIRECTORX0.0.0.0.0.(16) KARLENE KEOGH PARKS1.00X0.0.0.0.DIRECTORX0.0.0.0.0.(17) JANET KIZZIAR PHD1.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.	(14) FRANCES HAYNES	1.00									
DIRECTOR         X         0         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х						0.	0.	0.
(16) KARLENE KEOGH PARKS1.0000.0.DIRECTORx00.0.0.(17) JANET KIZZIAR PHD1.00x0.0.0.DIRECTORx00.0.0.		1.00									
DIRECTORX0.0.0.(17) JANET KIZZIAR PHD1.00X0.0.0.DIRECTORX0.0.0.0.			Х					L	0.	0.	0.
(17) JANET KIZZIAR PHD         1.00         0.         0		1.00									
DIRECTOR X 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
		1.00									
	DIRECTOR		Х						0.	0.	

932007 01-20-20

Form 990 (2019)

14241027 143399 181681

Form 990 (2019) FRESH START	WOMEN'S FOU	NDA	UTIO	N					86-076261	.0	Page	<b>э 8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	Average         Position         Reportable         Repo           (do not check more than one hours per         box, unless person is both an compensation         compensation         compe						(E) Reportable compensation from related		(F) stimated nount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensatio om the anizatior d related anization	ı
(18) MARLENE KLOTZ COLLINS DIRECTOR	1.00	x						0.	0.			٥.
(19) STEFANIE LAYTON	1.00											
DIRECTOR	1 00	Х						0.	0.			0.
(20) CYNTHIA LIETZ PHD, LCSW DIRECTOR	1.00	x						0.	0.			0
(21) NANCY LOFTIN	1.00	~	-					0.	0.			0.
DIRECTOR	1.00	x						0.	0.			Ο.
(22) KIMBERLY MCWATERS	1.00								- •			
DIRECTOR		х						0.	0.			Ο.
(23) BARBARA MILAZZO	1.00											
DIRECTOR		х						0.	0.			٥.
(24) JODI NOBLE	2.00											•
TREASURER (25) PAMELA OVERTON RISOLEO	1.00	Х	-	X				0.	0.			0.
DIRECTOR	1.00	x						0.	0.			Ο.
(26) BELLE PETZNICK	1.00											<u> </u>
DIRECTOR		х						0.	0.			Ο.
1b Subtotal								310,246.	0.		32,45	5.
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)								310,246.	0.		32,45	5.
2 Total number of individuals (including but r compensation from the organization ►	not limited to th	iose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			2
											Yes N	-
3 Did the organization list any former officer				•	•		Ŭ	• •			_	_
line 1a? If "Yes," complete Schedule J for s										3	Σ	<u>.</u>
4 For any individual listed on line 1a, is the s										4	Σ	ζ
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>										4	-	
rendered to the organization? If "Yes." cor										5	ž	ζ
Section B. Independent Contractors			0. 00			2.11						
1 Complete this table for your five highest co	ompensated inc	lepe	ender	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.			
(A) Name and business	saddress	NO	NE					<b>(B)</b> Description of s	ervices	<b>))</b> aamoC	<b>;)</b> nsation	
		NO								Joinpo		
2 Total number of independent contractors (	including but a	otlir	nitor	1 + ~ +	ther		tod	above) who received me	ore than			
\$100,000 of compensation from the organ	ization 🕨		met			0	icu					
SEE PART VII, SECTION A CONTIN 932008 01-20-20	UATION SHEE	TS								Form	<b>990</b> (20	19)
002000 01-20-20												

		nplo	yee			ligh	est (	Compensated Employe	, ,			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average hours per	(c	heck I		ition that		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organizatior and related organization		
27) MELINDA PETZNICK DIRECTOR	1.00	x						0.	0.			
(28) PAT PETZNICK	1.00											
DIRECTOR (29) BEATRIZ ELISABETH RENDON	1.00	X						0.	0.			
DIRECTOR (30) TERRY ROMAN	1.00	х						0.	0.			
DIRECTOR		x						0.	0.			
(31) KATIE SCARDELLO /ICE CHAIR	2.00	x		x				0.	0.			
(32) LISA STEVENS ANDERSON DIRECTOR	1.00	x						0.	0.			
(33) BEVERLY STEWART	1.00	^						0.	0.			
DIRECTOR (34) ADRIANNE WRIGHT TAYLOR	1.00	х						0.	0.			
DIRECTOR		x						0.	0.			
		-										
			-									

932201 04-01-19

		Check if Schedule O	CONT	ains a respor	<u>ise (</u>	or note to any line	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclu from tax und
	4 -			4.						sections 512 -
and Other Similar Amounts		Federated campaigns Membership dues								
nor						624,353.				
Ā		Fundraising events Related organizations				024,333.				
ilai		Government grants (cont				30,000.				
Sin		All other contributions, gifts		· · – –						
Jer		similar amounts not include				2,334,462.				
Ö	g					252,986.				
pug	•	Total. Add lines 1a-1f					2,988,815.			
						Business Code	, , -			
	2 a	FAMILY LAW SUPPORT				541100	19,406.	19,406.		
	2 <u> </u>				_	900099	4,580.	4,580.		
anc	c				_		,	,		
vel	d				_					
Revenue	e				_					
		All other program service	e reve	nue	_					
	a						23,986.			
	3	Investment income (inclu								
		other similar amounts)					89,976.			89,9
	4	Income from investment								
	5	Royalties		-	-					
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (los	s) <u></u>			►				
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a	391,2	84.					
	b	Less: cost or other basis								
b		and sales expenses	7b							
	с	Gain or (loss)	7c	63,8	24.					
	d	Net gain or (loss)				<b>&gt;</b>	63,824.			63,8
	8 a	Gross income from fundrais		•						
5		including \$								
		contributions reported or	n line	1c). See						
		Part IV, line 18			8a	88,444.				
		Less: direct expenses			8b	88,444.	-			
		Net income or (loss) from		•	ts	····· ►	0.			
	9 a	Gross income from gami								
	_	Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from	-	-	<u></u>	▶				
	10 a	Gross sales of inventory,				26.024				
		and allowances			10a					
		Less: cost of goods sold			10b		0.			
+	С	Net income or (loss) from	sales	s of inventor	/	Business Code	υ.			
	44 -					Business Code				
Revenue	11 a				_					
Revenue	b				_	├				
Be	c				_					
		All other revenue				L				
		Total. Add lines 11a-11d					2 166 601	00.000	0	153,8
	12	Total revenue. See instruct	IUNS			🕨	3,166,601.	23,986.	0.	L 100,

FRESH START WOMEN'S FOUNDATION

Form 990 (2019)

10

Page **9** 

86-0762610

FRESH START WOMEN'S FOUNDATION Part IX Statement of Functional Expenses

Check # Schedule Contains aregome or note to any line in the Pet IX           Do and incide monotine sported on infere Sb, and 10b of Part With         Total expenses         Program         Description         Description <thdescription< th="">         Description         <th< th=""><th>Secti</th><th>on 501(c)(3) and 501(c)(4) organizations must comp</th><th>olete all columns. All othe</th><th>er organizations must con</th><th>nplete column (A).</th><th></th></th<></thdescription<>	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
Dot Management         Product any operation         Total expenses         Program service expenses         Product any expenses         Product any expenses         Product any expenses           1         Grants and other assistance to domestic individuals. See Part N, line 21 individuals. See Part N, line 21 individuals. See Part N, line 12 individuals. See Part N, line 12 individuals. See Part N, line 13 organization, foreing overnments, and foreing individuals. See Part N, line 15 and 16 pressons decide under setsitic net of expenses         233, 817, 164, 920, 21, 626, 57, 271, 164, 920, 21, 626, 57, 272, 164, 920, 21, 626, 57, 272, 164, 920, 21, 626, 57, 272, 17, 721, 164, 920, 21, 626, 177, 721, 17, 721, 10, 647, 10 Payorit taxes 10 Payorite t		Check if Schedule O contains a respon	se or note to any line in	this Part IX		
ad domestic povermentis. See Part IV, Ine 21		· · · · ·	<b>(A)</b> Total expenses	Program service	Management and	Fundraising
2         Grants and other assistance to domestic individuals. So Part V, lines 2         79, 624.         79, 624.           3         Grants and other assistance to foreign organizations, longing governments, and foreign individuals. So Part V, lines 6 San 10             4         Bornits paid to of romentbers               5         Compensation of current foreign organizations of current foreign.         223, 817.         164, 920.         21, 626.         37, 271.           6         Compensation for linking databases.         223, 817.         164, 920.         21, 626.         37, 271.           7         Other salaries and wages         .         .         .         .         .         .           9         Other enployee benefits         .	1	Grants and other assistance to domestic organizations				
individuals. Sae Patr V, Im 22         79, 524.         79, 524.           3 Grants and other assistance to freign organizations, forsign governments, and foreign individuals. See Patr V, Imes 5 and 10         1           4 Benefits path to iter members         1         1           5 Compensation of unrent officers, directors, trustese, and key employees         223, 617.         164, 920.         21, 626.         37, 271.           6 Compensation not include above to disquillied persons (asched Wey employees         223, 617.         164, 920.         21, 626.         37, 271.           7 Other salaries and wages         1, 241, 626.         968, 581.         129, 634.         223, 411.           7 Other salaries and wages         1, 241, 626.         968, 581.         129, 634.         223, 411.           7 Other salaries and wages         1, 241, 626.         968, 581.         129, 634.         223, 411.           7 Other salaries and wages         1, 241, 626.         968, 581.         129, 634.         223, 411.           8 Anangement         28, 299.         21, 952.         1, 978.         4, 269.           9 Other, (Ifm Ing anount creades 10% of line 57.         131, 601.         46, 804.         3, 592.         81, 205.           13 Adventing and promotion         138, 716.         131, 601.         46, 804.         3, 935.		and domestic governments. See Part IV, line 21				
3         Garts and other assistance to foreign individuals. See Pat IV, lines 15 and 16 compensations of current Others, directors, trustees, and key employees.         223, 817.         164, 920.         21, 626.         37, 271.           4         Benefits paid to or for members         223, 817.         164, 920.         21, 626.         37, 271.           6         Compensation for durent of toxics, directors, trustees, and key employees         223, 817.         164, 920.         21, 626.         37, 271.           7         Other salaries and wages         1., 341, 626.         968, 581.         129, 634.         223, 411.           9         Other engloyee benefits         53, 535.         18, 823.         2, 468.         4, 254.           9         Other engloyee benefits         122, 292.         20, 111.         6, 177.         10, 647.           9         Other engloyee benefits         122, 292.         20, 111.         1, 917.         20, 644.           9         Other engloyee benefits         122, 292.         20, 111.         1, 917.         20, 647.           9         Other engloyee benefits         122, 292.         1, 917.         20, 647.         10.           10         Forestront management	2					
3         Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16 Compensation of current Others, directors, trustees, and key employees Compensation of nutrent of theres, directors, trustees, and key employees Compensation in incluide above to disqualified persons (as defined under section 4556(IV)) and persons disactualis and contributions (fields ascentin 410(4) and 430(4)) employer continuitons)         223,817.         164,920.         21,626.         37,271.           7         Other salaries and wages         1,341,626.         988,581.         129,654.         223,411.           8         Pension plana acrutus and contributions (fields ascentin 410(4) and 430(4) employer continuitons)         63,395.         47,711.         6,177.         10,667.           9         Other employee benefits         122,292.         90,111.         11,917.         20,364.           9         Other employee benefits         28,299.         21,952.         1,978.         4,369.           0         Legal         28,299.         21,952.         1,978.         4,369.           12         Aptentisting and promotion         28,299.         21,952.         61,297.         12,21.           13         Compensition of the other exceeds 10% of line 25.         131,601.         46,804.         3,592.         81,205.           14         Management         30,078.         22,486.         181. <td></td> <td></td> <td>79,624.</td> <td>79,624.</td> <td></td> <td></td>			79,624.	79,624.		
individuals. See Part W, lines 15 and 16         individuals. See Part W, lines 15 and 18           4         Benefits paid to or for members         individuals. See Part W, lines 16 and 18           Compensation of current officers, directors, trustees, and key employees         233, 817.         164, 920.         21, 626.         37, 271.           Compensation of current officers, directors, trustees, and key employees         1, 341, 666.         988, 581.         122, 634.         223, 411.           6         Persion plan acounds and contributions (include section 40(k) and 40(k) employer contributions         25, 545.         18, 823.         2, 468.         4, 254.           9         Other employee benefits         63, 395.         47, 111.         6, 1377.         10, 647.           10         Persion plan acounds and contributions (include section 40(k) and 40(k) employer contributions         28, 299.         21, 952.         1, 978.         4, 369.           11         Fees for services (nonemployees):         an anagement.         individual services. See Part KN, line 17         11, 211.         31, 271.         0           11         Investment management fees         31, 031.         64, 804.         3, 592.         81, 205.           12         Advertking and promotion         134, 211.         31, 271.         0         116.         116.         116.<	3	Г				
individuals. See Part W, lines 15 and 16         individuals. See Part W, lines 15 and 18           4         Benefits paid to or for members         individuals. See Part W, lines 16 and 18           Compensation of current officers, directors, trustees, and key employees         233, 817.         164, 920.         21, 626.         37, 271.           Compensation of current officers, directors, trustees, and key employees         1, 341, 666.         988, 581.         122, 634.         223, 411.           6         Persion plan acounds and contributions (include section 40(k) and 40(k) employer contributions         25, 545.         18, 823.         2, 468.         4, 254.           9         Other employee benefits         63, 395.         47, 111.         6, 1377.         10, 647.           10         Persion plan acounds and contributions (include section 40(k) and 40(k) employer contributions         28, 299.         21, 952.         1, 978.         4, 369.           11         Fees for services (nonemployees):         an anagement.         individual services. See Part KN, line 17         11, 211.         31, 271.         0           11         Investment management fees         31, 031.         64, 804.         3, 592.         81, 205.           12         Advertking and promotion         134, 211.         31, 271.         0         116.         116.         116.<		organizations, foreign governments, and foreign				
4         Benefits paid to of rownebers         223, 817.         164, 920.         21, 626.         37, 271.           6         Comparison of current officers, directors, trustees, and key employee         223, 817.         164, 920.         21, 626.         37, 271.           6         Comparison of summary officers, and ways of the summary of the summ						
5         Compensation of current officers, directors, trustese, and key employees         223,817.         164,920.         21,626.         37,271.           6         Compensation not included above to disqualified persons (cs officient as scale and wages         1,341,626.         988,581.         129,634.         223,411.           7         Other salaries and wages         1,341,626.         988,581.         2,964.         4,254.           9         Other employee benefits         132,292.         39,111.         61,777.         10,647.           10         Peason person         28,299.         21,952.         1,978.         4,369.           4         Lobbying         28,299.         21,952.         1,978.         4,369.           6         Threastonal fundrating services. See Part N, Ille 17         31,271.         31,271.         31,271.           9         Other, (If line 11g amount stockes 10% of line 25, 0100.078.         131,601.         46,804.         3,592.         81,205.           10         Occupancy         313,078.         32,2486.         132,271.         90.078.         22,192.         14,886.           10         Portestal fundrating and promotion         22,484.         3,592.         81,205.         31,271.         90.0100.000.000.000.000.000.000.000.000.	4	E E E E E E E E E E E E E E E E E E E				
6         Compensation not included above to disqualified persons (as defined under section 4958(1/1)) and persons (a defined under section 4958(1/1)) and per	5					
persons (as defined under section 4958(r)(1)) and persons (as critical under section 4958(r)(3)(8)         1,341,626         988,581.         129,634.         223,411.           Person plan accruals and contributions section 40(8) and 40(3) employee contributions)         63,935.         47,111.         6,177.         10,647.           Payroll taxes         122,292.         90,111.         11,817.         20,364.           Legal         28,299.         21,952.         1,978.         4,369.           Lobbying         28,299.         21,952.         1,978.         4,369.           C Accounting         28,299.         21,952.         1,978.         4,369.           C Accounting and promotion         131,271.         31,271.         10         11         11,7,411.           I forestment management fees         131,601.         46,804.         3,592.         81,205.           column (A) amount, list line 11g expenses on Sch.0.0.0         128,433.         105,828.         86.         22,514.           13 Office expenses         30,078.         22,486.         181.         7,411.         1007.         10.32.         14,886.           13 office expenses.         61,917.         60,222.         725.         96.3.           14 fordreal, stafte, or local public officials         10.51,5		trustees, and key employees	223,817.	164,920.	21,626.	37,271.
persons described in section 4958(c)(3)(B)         1,341,626.         988,581.         129,634.         223,411.           7         Other salaries and wages         1,341,626.         988,581.         129,634.         223,411.           8         Persion plan accruals and contributions;         10         25,545.         18,823.         2,468.         4,254.           9         Other employee benefits         122,292.         90,111.         11,817.         20,364.           1         Fees for services (non-employees):         a         a         -         -           1         Reservices (non-employees):         a         -         -         -           4         Advertising and promotion         28,299.         21,952.         1,978.         4,369.           4         Lobbying         -         -         -         -         -           9         Other. (If line 11g anount exceeds 10% of line 25, column (A) amount, its line 11g expenses on Sch 0.)         128,433.         105,628.         86.         22,519.           13         Office expenses         30,078.         22,486.         181.         7,411.           14         Information technology         95,6105.         80,187.         1,232.         1,623.	6	Compensation not included above to disqualified				
7       Other salaries and wages       1,341,626.       988,581.       129,634.       223,411.         8       Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions)       63,935.       47,111.       6,177.       10,647.         9       Other employee benefits       63,935.       47,111.       6,177.       10,647.         11       Fees for services (nonemployees):       122,232.       90,111.       11,817.       20,364.         14       Here soft services (nonemployees):       28,299.       21,952.       1,978.       4,369.         15       Legal       28,299.       21,952.       1,978.       4,369.         16       Lobbying       28,299.       21,952.       1,978.       4,369.         9       Other, (film 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.       128,433.       105,828.       86.       22,519.         12       Advertising and promotion       128,433.       105,828.       86.       22,519.         16       Occupancy       139,716.       135,931.       1,623.       2,162.         17       Travel       96,105.       80,187.       1,032.       144,886.         16       Ocoupancy       139,716. <t< th=""><td></td><td>persons (as defined under section 4958(f)(1)) and</td><td></td><td></td><td></td><td></td></t<>		persons (as defined under section 4958(f)(1)) and				
8         Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions)         25,545.         18,823.         2,468.         4,254.           9         Other employee benefits         63,935.         47,111.         6,177.         10,647.           10         Payrolitaxes         122,292.         90,111.         11,817.         20,364.           4         Management		persons described in section 4958(c)(3)(B)				
8         Persion plan accruits and contributions (include section 40 (k) and 403(b) employer contributions)         25,545,18,823,2,468,4,224,4           9         Other employees benefits         63,935,47,111,6,177,10,647,	7	Other salaries and wages	1,341,626.	988,581.	129,634.	223,411.
9       Other employee benefits       63,935.       47,111.       6,177.       10,647.         10       Payrolitaxes       122,292.       90,111.       11,817.       20,364.         1       Fees for services (nonemployees):       122,292.       90,111.       11,817.       20,364.         a Management       -	8					
10       Payrolitaxes       122,292.       90,111.       11,817.       20,364.         11       Fees for services (nonemployees):       amangement       20,364.       20,364.         b Legal       28,299.       21,952.       1,978.       4,369.         c Accounting       28,299.       21,952.       1,978.       4,369.         d Lobbying       28,299.       21,952.       1,978.       4,369.         e Professional fundraising services. See Part IV, line 17       31,271.       31,271.       31,271.         g Other, (Iline 11q anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch0.)       128,433.       105,628.       86.       22,191.         12       Advertising and promotion       30,078.       22,466.       181.       7,411.         14       Information technology       96,105.       80,187.       1,032.       14,886.         13       Cocupancy       139,716.       135,931.       1,623.       2,162.         16       Royaties       0       100.021.0010.01010.01010.01010.01010.01010.01010.01010.01010.01010.01010.01010.01010.01010.01010.01000.0100.0100.0100.0100.0100.0100.0100.0100.010				,		
11       Fees for services (nonemployees):	9			,	,	
a Management	10	Payroll taxes	122,292.	90,111.	11,817.	20,364.
b         Legal	11					
c Accounting       28,299, 21,952, 1,978, 4,369,         d Lobbying	а	Management				
d       Lobbying	b	Legal				
e         Professional fundraising services. See Part IV, line 17         31, 271,         31, 271,           f         Investment management fees         31, 271,         31, 271,         31, 271,           g         Other, (If line 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)         128, 433,         105, 828,         86,         22, 519,           13         Office expenses         30, 078,         22, 486,         181,         7, 411,           14         Information technology         96, 105,         80, 187,         1, 032,         14, 886,           16         Occupancy         139, 716,         135, 931,         1, 623,         2, 162,           17         Travel         1         10         10, 229,         725,         963,           19         Conferences, conventions, and meetings         61, 917,         60, 229,         725,         963,           20         Interest         101, 575,         150, 575,         150, 575,         2, 016,         2, 732,           21         Other expenses inteiz expenses on Schedule 0.)         150, 575,         150, 575,         150, 575,         2, 016, 575,         2, 016, 575,         2, 016, 575,         2, 016, 575,         2, 016, 575,         2, 015, 575,         2, 016, 540,	С	Accounting	28,299.	21,952.	1,978.	4,369.
f       Investment management fees       31,271.       31,271.         g       Other. (If line 11g axount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       131,601.       46,804.       3,592.       81,205.         12       Advertising and promotion       131,601.       46,804.       3,592.       81,205.         13       Office expenses       30,078.       22,486.       181.       7,411.         14       Information technology       96,105.       80,187.       1,032.       14,886.         16       Occupancy       139,716.       135,931.       1,623.       2,162.         17       Travel	d					
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       131,601.       46,804.       3,592.       81,205.         12 Advertising and promotion       128,433.       105,828.       86.       22,519.         13 Office expenses       30,078.       22,486.       181.       7,411.         14 Information technology       96,105.       80,187.       1,032.       14,886.         15 Royatties	е					
column (A) amount, list line 11g expenses on Sch 0.)         131, 601.         46, 804.         3, 592.         81, 205.           12         Advertising and promotion         128,433.         105,828.         86.         22,519.           13         Office expenses         30,078.         22,486.         181.         7,411.           14         Information technology         96,105.         80,187.         1,032.         14,886.           16         Occupancy         139,716.         135,931.         1,623.         2,162.           17         Travel         1         1         10,032.         14,886.           18         Payments of travel or entertainment expenses for any federal, state, or local public officials         1         1         1           19         Conferences, conventions, and meetings         61,917.         60,229.         725.         963.           21         Payments to affiliates         1         2         2,016.         2,732.           24         Interest         150,575.         150,575.         150,575.           b         EMPLOYBE TRAINING/OTHER         2,9,726.         24,592.         2,359.         2,775.           c	f		31,271.		31,271.	
12       Advertising and promotion       128,433.       105,828.       86.       22,519.         13       Office expenses       30,078.       22,486.       181.       7,411.         14       Information technology       96,105.       80,187.       1,032.       14,886.         15       Royatties	g		121 601	46.004	2 500	01 005
13       Office expenses       30,078.       22,486.       181.       7,411.         14       Information technology       96,105.       80,187.       1,032.       14,886.         15       Royatties					,	
14       Information technology       96,105.       80,187.       1,032.       14,886.         15       Royatties       139,716.       135,931.       1,623.       2,162.         17       Travel       139,716.       135,931.       1,623.       2,162.         17       Travel       139,716.       135,931.       1,623.       2,162.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1       1       1       1       1       62.       2,162.       1       1       1       6       1       1       6       1       1       6       1       1       6       1       1       6       1       1       6       1       1       6       1       1       6       1       1       6       1       1       1       6       1       1       7       1			,	,		
11       Royalties				,	-	-
16       Occupancy       139,716.       135,931.       1,623.       2,162.         17       Travel       139,716.       135,931.       1,623.       2,162.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       139,716.       135,931.       1,623.       2,162.         19       Conferences, conventions, and meetings       1       1       1       1       1         20       Interest       61,917.       60,229.       725.       963.         21       Payments to affiliates       1       1       2,016.       2,732.         22       Depreciation, depletion, and amortization       175,127.       170,379.       2,016.       2,732.         23       Insurance       1       150,575.       150,575.       150,575.         24       Other expenses on Schedule 0.)       a       EVENSES       150,575.       150,575.       2,359.       2,775.         c			50,105.	00,107.	1,052.	14,000.
17       Travel			139 716	135 931	1 623	2 162
18       Payments of travel or entertainment expenses for any federal, state, or local public officials			135,710.	135,531.	1,023.	2,102.
for any federal, state, or local public officials						
19       Conferences, conventions, and meetings       61,917.       60,229.       725.       963.         20       Interest       61,917.       60,229.       725.       963.         21       Payments to affiliates       20.       20.       725.       963.         22       Depreciation, depletion, and amortization       175,127.       170,379.       2,016.       2,732.         23       Insurance       20.       20.       20.       20.       20.       20.         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       29,726.       24,592.       2,359.       2,775.         b       EMPLOYEE TRAINING/OTHER       29,726.       24,592.       2,359.       2,775.         c	18					
20       Interest       61,917.       60,229.       725.       963.         21       Payments to affiliates	10					
21       Payments to affiliates			61 917	60 229	725	963
22       Depreciation, depletion, and amortization       175,127.       170,379.       2,016.       2,732.         23       Insurance			-,/•	-,	• •	
23       Insurance			175,127.	170,379.	2,016.	2,732.
24       Other expenses. Itemize expenses on to 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       EVENT EXPENSES       150,575.       150,575.         a       EVENT EXPENSES       29,726.       24,592.       2,359.       2,775.         b       EMPLOYEE TRAINING/OTHER       29,726.       24,592.       2,359.       2,775.         c		1	, ,	, ,	, ,	, = -
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.)       150,575.         a EVENT EXPENSES       150,575.         b EMPLOYEE TRAINING/OTHER       29,726.       24,592.         c						
amount, list line 24e expenses on Schedule 0.)       150,575.         a EVENT EXPENSES       150,575.         b EMPLOYEE TRAINING/OTHER       29,726.         c       24,592.         d       20,775.         d       20,726.         e All other expenses       7,540.         25 Total functional expenses. Add lines 1 through 24e       2,867,227.         2,060,939.       216,940.         589,348.       26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here inf following SOP 98-2 (ASC 958-720)	- •	above (List miscellaneous expenses on line 24e. If				
a       EVENT EXPENSES       150,575.       150,575.         b       EMPLOYEE TRAINING/OTHER       29,726.       24,592.       2,359.       2,775.         c						
c	а	· · · · · ·	150,575.			150,575.
d	b	EMPLOYEE TRAINING/OTHER	29,726.	24,592.	2,359.	2,775.
e       All other expenses       7,540.       3,381.       355.       3,804.         25       Total functional expenses. Add lines 1 through 24e       2,867,227.       2,060,939.       216,940.       589,348.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)       Image: Content of the content of t	с					
25       Total functional expenses. Add lines 1 through 24e       2,867,227.       2,060,939.       216,940.       589,348.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	d					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	е	All other expenses	7,540.	3,381.	355.	3,804.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	2,867,227.	2,060,939.	216,940.	589,348.
educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here Figure if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
		Check here Figure 1 if following SOP 98-2 (ASC 958-720)				<b>– 000</b> (2010)

932010 01-20-20

Form **990** (2019)

14241027 143399 181681

Form **990** (2019)

FRESH START WOMEN'S FOUNDATION Part X Balance Sheet

		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,045,291.	1	1,619,314.		
	2	Savings and temporary cash investments	19,376.	2	50,292.		
	3	Pledges and grants receivable, net			52,414.	з	60,922.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			16,832.	8	1,400.
As	9	<b>—</b> ··· · · · · · ·			20,607.	9	10,212.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	5,353,999.			
	b	Less: accumulated depreciation		2,926,264.	2,582,121.	10c	2,427,735.
	11	Investments - publicly traded securities			1,213,670.	11	1,207,051.
	12	Investments - other securities. See Part IV, line		2,276,999.	12	2,425,493.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	59,382.	15	20,632.		
	16	Total assets. Add lines 1 through 15 (must equ			7,286,692.	16	7,823,051.
	17	Accounts payable and accrued expenses	133,465.	17	90,125.		
	18	Grants payable			18		
	19	Deferred revenue	140,651.	19	436,400.		
	20	Tax-exempt bond liabilities				20	· · ·
	21	Escrow or custodial account liability. Complete				21	
<i>(</i> 0	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel	-		1,350,481.	23	1,306,159.
	24	Unsecured notes and loans payable to unrelate				24	, ,
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			1,624,597.	26	1,832,684.
		Organizations that follow FASB ASC 958, che	eck here		· ·		
es		and complete lines 27, 28, 32, and 33.					
anc	27				5,236,481.	27	5,374,567.
Bala	28	Net assets with donor restrictions		425,614.	28	615,800.	
μ		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.	,				
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
₫ss	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,662,095.	32	5,990,367.
z	33	Total liabilities and net assets/fund balances			7,286,692.	33	7,823,051.

Form 990 (2019)

Form	990 (2019) FRESH START WOMEN'S FOUNDATION	86-076261	0	Pa	<sub>ge</sub> 12
	t XI Reconciliation of Net Assets				0
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	166,	601.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	867,	227.
3	Revenue less expenses. Subtract line 2 from line 1	3		299,	374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	662,	095.
5	Net unrealized gains (losses) on investments	5		28,	898.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,	990,	367.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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 Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

SCHEDUL	E A.
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(Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047
2019
Open to Public

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nan	ne of	the organizati							Employer	identification numbe
		Ū		START WOMEN'S H	FOUNDATION					86-0762610
Pa	rt I	Reason	for Public C	Charity Status	(All organizations must co	omplete th	is part.) Se	e instruction	S.	
The	organ				(For lines 1 through 12, c					
1	Ŭ				on of churches described			I)(A)(i).		
2					(Attach Schedule E (Forn					
3					anization described in s			ii).		
4			•		njunction with a hospital				)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Ily receives a substa	antial part of its support fi	rom a gove	ernmental	unit or from tl	ne general j	oublic described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par	t II.)				
9					l in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:	-				-		-	
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> c	r section	509(a)(2).	See section	509(a)(3). (	Check the box in
		lines 12a thro	ough 12d that	describes the type c	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or r	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		_ Type III fur	nctionally inte	grated. A supportin	ng organization operated	in connec	tion with, a	and functiona	lly integrate	d with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requiremen	it (see instructi	ions). You must coi	mplete Part IV, Sections	A and D,	and Part	۷.		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
g				n about the supporte		(iv) is the ere	anization listed			
	(	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	I		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions
Tota	ai							1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

<sup>2019.04030</sup> FRESH START WOMEN'S FOUND 181681\_1

## Schedule A (Form 990 or 990-EZ) 2019 FRESH START WOMEN'S FOUNDATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,912,685.	2,521,563.	3,097,977.	2,938,332.	2,988,815.	14,459,372.
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	2,912,685.	2,521,563.	3,097,977.	2,938,332.	2,988,815.	14,459,372.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,009,884.
6	Public support. Subtract line 5 from line 4.						13,449,488.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
7	Amounts from line 4	2,912,685.	2,521,563.	3,097,977.	2,938,332.	2,988,815.	14,459,372.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	68,215.	72,481.	68,952.	101,315.	89,976.	400,939.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14,860,311.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,028,094.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	90.51 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	88.58 %
<b>16</b> a	<b>33 1/3% support test - 2019.</b> If the c						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2018.</b> If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	is box and stop h	ere. Explain in Pa	rt VI how the organ	iization
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 7	10% or
	more, and if the organization meets th						;
	organization meets the "facts-and-circ			•			▶∐
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

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### Schedule A (Form 990 or 990 EZ) 2019 FRESH START WOMEN'S FOUNDATION

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		_		1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) orga	anization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the						ne 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						. —
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	23 09-25-19		16		Sch	edule A (Form	990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see insti	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

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Sche	dule A (Form 990 or 990-EZ) 2019 FRESH START WOMEN'S FOUNDATION			86-0762610 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	Tage 7
-	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2				
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 FRESH START WOMEN'S FOUNDATION	86-0762610	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a d 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	۱C,
932028 09-25-1	9 Sched 21	ule A (Form 990 or 990	-EZ) 2019

### **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

86-0762610
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FRESH START WOMEN'S FOUNDATION			
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

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

Name of organization

Employer identification number

FRESH START WOMEN'S FOUNDATION

86-0762610

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$212,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	, , , , , 	\$100,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$125,000.	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
4		\$121,962.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$105,132.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 923452 11-06-		\$65,219.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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

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

Name of organization

Employer identification number

FRESH START WOMEN'S FOUNDATION

86-0762610

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$60,000.	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
8		\$60,000.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Name of organization

Employer identification number

FRESH START WOMEN'S FOUNDATION

86-0762610

	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part 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	
	STOCK DONATION			
4				
		\$87,912.	04/17/20	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
Part I	STOCK DONATION			
5				
		\$103,932.	05/31/20	
(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	
		\$		

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Page **4** 

Name of organ	nization		Employer identification number
	WOMEN'S FOUNDATION		86-0762610
fr	com any one contributor. Complete columns (a)	through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or le</b>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
-	Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
123454 11-06-19			Schedule B (Form 990, 990-EZ, or 990-PF) (2019

14241027 143399 181681

SCHEDULE [	)
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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.



Department of the Treasury Internal Revenue Service

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

Employer	identification	numbo
Employer	identification	numbe

Nam	FRESH START WOMEN'S FOUNDATION		86-0762610
Par			
	organization answered "Yes" on Form 990, Part IV, line 6.		conficte a dempicte a die
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
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 writin	•	
•	are the organization's property, subject to the organization's exclu		
6	Did the organization inform all grantees, donors, and donor advise		
	for charitable purposes and not for the benefit of the donor or dor		
Par	impermissible private benefit?           t II         Conservation Easements.         Complete if the organized organiz		
	• • •		iv, line 7.
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (for example, recreation	·	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
a			
b			
С	Number of conservation easements on a certified historic structur		2c
d	Number of conservation easements included in (c) acquired after		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodic		Yes No
6	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	and enorcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and onforcing conservation	assemants during the year
7	Amount of expenses incurred in monitoring, inspecting, handling \$		easements during the year
8	Does each conservation easement reported on line 2(d) above sat	tisfy the requirements of section $170(b)(A)(A)$	R)(i)
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea		
Ũ	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of Art	t, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990		
1a	If the organization elected, as permitted under FASB ASC 958, no		alance sheet works
	of art, historical treasures, or other similar assets held for public e	•	
	service, provide in Part XIII the text of the footnote to its financial		
b	If the organization elected, as permitted under FASB ASC 958, to		ce sheet works of
-	art, historical treasures, or other similar assets held for public exh		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	···· · · · · · · · · · · · · · · · · ·		<b>N N</b>
2	If the organization received or held works of art, historical treasure		
-	the following amounts required to be reported under FASB ASC 9	-	, , , , , , , , , , , , , , , , , , , ,
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see	e the Instructions for Form 990.
932051 10-02-19	
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Schedule D (Form 990) 2019

		WOMEN'S FOUNDA					86-07		Р	age <b>2</b>
Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	easures, o	r Othe	r Sim	ilar Asset	s <sub>(conti</sub>	nued)	
3	Using the organization's acquisition, accession	, and other records	, check any of the	following that	t make s	ignifica	int use of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they further th	ne organizatio	on's exe	mpt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit or r	eceive donations o	f art, historical trea	sures, or othe	er simila	r assets	6			
	to be sold to raise funds rather than to be main							Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part 3		te if the organizatio	n answered '	"Yes" or	n Form	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodian		•				_			
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	owing table:			_				
								Amour	ıt	
	Beginning balance						c			
	Additions during the year						d			
	Distributions during the year						e			
	Ending balance						lf			
	Did the organization include an amount on For					•	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. C <b>t V</b> Endowment Funds. Complete if t									
I ai								(-) [		heel
4.		(a) Current year	(b) Prior year	(c) Two year		(a) III	ree years back			543.
	1a Beginning of year balance         2,600,887.         1,018,621.         959,963.         989,883.           b Contributions         25,109.         1,495,402.         158,306.         95,786.									261.
	Contributions	145,534.	86,864.		5,034.		55,100	,	125,	201.
	Net investment earnings, gains, and losses	110,001.			,					
	Grants or scholarships Other expenditures for facilities									
е				115	5,682.		125,706		5	921.
f	Administrative expenses				,		120,100	,	•,	
g		2,771,530.	2,600,887.	1 018	3,621.		959,963,		989	883.
2	End of year balance Provide the estimated percentage of the currer	, ,			,•		,	' I	,	
	Board designated or quasi-endowment	87.51	%	<i>))</i> 11010 83.						
	Permanent endowment  12.49	%	_/0							
	Term endowment > %									
•	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess		ion that are held ar	nd administer	ed for th	ne orga	nization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		х
	(ii) Related organizations									х
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the or									
Par	t VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11a. S	See Form 990	, Part X,	, line 10	).			
	Description of property	<b>(a)</b> Cost or ot basis (investm	• •	t or other (other)		Accumu epreciat		( <b>d)</b> Boo	ok valu	е
1a	Land									-
b	Buildings		4	,677,333.		2,40	06,422.	2		911.
	Leasehold improvements			203,841.		10	03,834.			007.
d	Equipment			455,694.		41	L6,008.		39,	686.
	Other			17,131.						131.
Tota	. Add lines 1a through 1e. (Column (d) must equ	lal Form 990, Part >	(, column (B), line 1	0c.)			🕨	2	,427,	735.
							Schodul	- D (C	- 000	0040

Schedule D (Form 990) 2019

### 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) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ACF INTERMEDIATE TERM INVESTMENT POOL	2,425,493.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 900 Part X col (B) line 12)	2 425 493	

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colui	mn (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X	nn (b) must equal Form 990. Part X. col. (B) line 15.) ••••••••••••••••••••••••••••••••••••	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

X

932053 10-02-19

(8) (9)

Chedule D (Form 990) 2019 FRESH START WOMEN'S FOUNDATION Part XI Reconciliation of Revenue per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Tatal revenue aging and other support per public dispersion statements		evenue per Ret		2
	1	-	lurn.	
1 Total variance and other summer and and sufficient of the second statements				
1 Total revenue, gains, and other support per audited financial statements			1	3,285,787.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	. 2a	28,898.		
<b>b</b> Donated services and use of facilities	. 2b	121,559.		
c Recoveries of prior year grants	. 2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	150,457.
3 Subtract line 2e from line 1			3	3,135,330.
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	31,271.		
b Other (Describe in Part XIII.)	. 4b			
c Add lines 4a and 4b			4c	31,271.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,166,601.
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per R	leturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1 Total expenses and losses per audited financial statements			1	2,957,515.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	. 2a	121,559.		
b Prior year adjustments	_ <b>2</b> b			
c Other losses	. 2c			
d Other (Describe in Part XIII.)	. 2d			
e Add lines 2a through 2d			2e	121,559.
3 Subtract line 2e from line 1			3	2,835,956.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	31,271.		
b Other (Describe in Part XIII.)	. 4b			
c Add lines 4a and 4b			4c	31,271.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,867,227.
Part XIII Supplemental Information.				
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b an	d 2b; Part V, line 4;	Part X, line 2; I	Part XI,
es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional informat	ion.		
ART V, LINE 4:				
HE INTENDED USE OF ENDOWMENT FUNDS IS FOR OPERATIONS, PROGRAMS A	ND			
CHOLARSHIPS. THE PERMANENT ENDOWMENT FUNDS CANNOT BE USED FOR TH	E			
JRPOSES MENTIONED UNLESS GRANTOR AUTHORIZES SUCH USE.				
ART X, LINE 2:				
HE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTI	ON 501			

30

(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY, THERE

IS NO PROVISION FOR INCOME TAXES. IN ADDITION, THE FOUNDATION QUALIFIES

FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE

AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME

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Schedule D (Form 990) 2019

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## Part XIII Supplemental Information (continued)

WOULD BE TAXABLE. THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF

ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES,

REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

THE FOUNDATION'S FEDERAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX

(FORM 990) FOR FISCAL 2017, 2018 AND 2019 ARE SUBJECT TO EXAMINATION BY

THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART V: ENDOWMENT FUNDS

AT JULY 1, 2018, THE ENDOWMENT FUNDS REPORTED DID NOT INCLUDE \$1,480,545

OF DESIGNATED ASSETS IN WHICH THE TOTAL BEGINNING OF YEAR BALANCE SHOULD

HAVE REFLECTED \$2,499,166. TO CORRECT THE ENDOWMENT FUND BALANCE AT JUNE

30, 2019, CURRENT YEAR CONTRIBUTIONS HAVE BEEN INCREASED BY \$1,480,545 FOR

FUNDS NOT PREVIOUSLY REFLECTED IN THE BEGINNING OF YEAR BALANCE.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990 or 990-EZ) 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.								2019	
Department of the Treasury Internal Revenue Service	•	•						Open to Public Inspection	
Name of the organization		to www.irs.gov/Form990 for instru	Iction	s and	the latest information	on.		ntification number	
		F WOMEN'S FOUNDATION					86-076261		
Part I Fundrais required to	7. Form 990-EZ	filers are not							
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais tions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indiv	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual ( art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ion of ion of fundra (includ ofessi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Yes		
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No		115			
Total 3 List all states in whor licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or 9	990-E	Z. 5	Sche	dule G (Form 9	90 or 990-EZ) 2019	

932081 09-11-19

### Schedule G (Form 990 or 990-EZ) 2019 FRESH START WOMEN'S FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 GOLF TOURNAMENT	(b) Event #2 WINE, WOMEN AND SHOES:	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	409,166.	303,631.		712,797
	2	Less: Contributions	359,722.	264,631.		624,353
	3	Gross income (line 1 minus line 2)	49,444.	39,000.		88,444
	4	Cash prizes				
	5	Noncash prizes				
000010	6	Rent/facility costs				
nireut Experises	7		49,444.	39,000.		88,444
5		Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	<b>O</b> has a large (al)		•	88,444
		Direct expense summary. Add intes 4 through	· · · · · · · · · · · · · · · · · · ·			
		Net income summary. Subtract line 10 from li	ne 3. column (d)		•	0
				n 990, Part IV, line 19, or n	►	0
	11				►	1
Pa	11	<b>II Gaming.</b> Complete if the organization			►	(d) Total gaming (add
a 'a	11	<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
A Hevenue	<u>11</u> rt I	Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	0 (d) Total gaming (add col. (a) through col. (c
aniavan	<u>11</u> rt I	Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
A Hevenue	<u>11</u> rt I 1 2	II       Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	<u>11</u> rt I 1 2	Gaming. Complete if the organization s         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Pa	<u>11</u> rt I 1 2	II       Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on Form (a) Bingo	1 990, Part IV, line 19, or r	eported more than (c) Other gaming	(d) Total gaming (add
	11 rt I 2 3 4 5	Gaming. Complete if the organization s         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
	11 rt I 2 3 4 5 6	II       Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.         Gross revenue       Gross revenue         Cash prizes       Noncash prizes         Rent/facility costs       Other direct expenses         Volunteer labor       Volunteer labor	answered "Yes" on Form (a) Bingo (a) Pingo (b) Pingo (b) Pingo (c)	1 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>ceported more than (c) Other gaming (c) Other gaming</pre>	(d) Total gaming (add
aniavan	11 rt I 2 3 4 5 6 7	<b>Gaming.</b> Complete if the organization is \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary. Add lines 2 through	(a) Bingo	<pre>b 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo bingo/progressive bingo bin</pre>	eported more than  (c) Other gaming  Yes% No	(d) Total gaming (add
	11 rt I 2 3 4 5 6 7	II       Gaming. Complete if the organization is \$15,000 on Form 990-EZ, line 6a.         Gross revenue       Gross revenue         Cash prizes       Noncash prizes         Rent/facility costs       Other direct expenses         Volunteer labor       Volunteer labor	(a) Bingo	<pre>b 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo bingo/progressive bingo bin</pre>	eported more than  (c) Other gaming  Yes% No	(d) Total gaming (add
	11 rt I 2 3 4 5 6 7 8 Ent	<b>Gaming.</b> Complete if the organization is \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary. Add lines 2 through	(a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bi	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than  (c) Other gaming  Yes% No	(d) Total gaming (add col. (a) through col. (c

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes U Yes V So b If "Yes," explain: \_\_\_\_\_ Yes U So b Yes U S

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Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 FRESH START WOMEN'S FOUNDATION	86-0762610	Page 3
	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
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt	
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
Ċ	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16			
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ċ		Ves	No No
	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
•	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
9320	83 09-11-19 Schedule G	G (Form 990 or 99	0-EZ) 2019
	34	_	

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Sebedule C (Form 000 or 000 EZ)

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

(Form 99	SCHEDULE I       Grants and Other Assistance to Organizations, Governments, and Individuals in the United States         (Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Department of the Treasury Internal Revenue Service       Attach to Form 990.         Go to www.irs.gov/Form990 for the latest information.								OMB No. 1545-0047 <b>2019</b> Open to Public Inspection
				Go to www.ir	s.gov/Form990 fo	or the latest inform	nation.		•
Name of	the organization		OMEN'S FOUNDAI	TION					Employer identification number 86-0762610
Part I	General In	formation on Grants a	nd Assistance						
crit	eria used to a scribe in Part I	ation maintain records t ward the grants or assis IV the organization's pro d Other Assistance to	stance? ocedures for monit	oring the use of grant	funds in the United	d States.			X Yes No
	—	hat received more than S							
1 (a)	Name and ad	dress of organization rernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		er of section 501(c)(3) a er of other organization			e line 1 table				· · · · · · · · · · · · · · · · · · ·
	r Danorwork	Reduction Act Notice	coo the Instructi	one for Form 990					Schodulo I (Form 990) (2019)

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

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATION & CAREER SCHOLARSHIPS	98	79,624.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROOF OF COMPLETION OF CLASSES, ANNUAL NEEDS ASSESSMENT AND GRADE HISTORY

ARE REQUIRED OF EACH GRANTEE PRIOR TO AWARDING TUITION FOR A SCHOOL YEAR.

ALL TUITION PAYMENTS ARE SENT DIRECTLY TO THE EDUCATIONAL INSTITUTION WITH

EXPLICIT INSTRUCTIONS THAT ANY WITHDRAWAL FEES ARE TO BE RETURNED DIRECTLY

TO THE ORGANIZATION.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2019 Open to Public Inspection

FRESH	START	WOMEN'S	FOUNDATION	

Employer identification number
86-0762610

(d) Method of determining noncash contribution amounts

	FREDH START WOMEN	5 FOONDAI	ION		
Pa	rt I Types of Property				
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		36,034.	CON
6	Cars and other vehicles				
_					

3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х			36,034.	COMPARABLE SALES			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	3	2	16,952.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other  ( )								
29	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	ement	29			0	·
								Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least three years from the date			-					
	exempt purposes for the entire holding period	?					<u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	oolicy that re	quires the review o	of any nonstandard	d contribut	tions?	31	X	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to solic	cit, process, or sell	noncash				1
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column	(a) is cheo	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule N	/ (Forr	n 990)	2019

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.

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86-0762610

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 86-0762610

FRESH START WOMEN'S FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRANSFORM THEIR LIVES AND STRENGTHEN OUR COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION SERVICES: WE PROVIDED 1,778 WORKSHOPS TEACHING FINANCIAL

LITERACY, COMPUTER LITERACY, PARENTING, HEALTHY LIVING, INTERPERSONAL

EFFECTIVENESS, GOAL SETTING, BUILDING RESILIENCY, AND OTHER EDUCATION

TOPICS. THESE WORKSHOPS HAD 12,223 VISITS THROUGHOUT THE YEAR. THE

"GIRL'S THRIVING" PROGRAM TAUGHT GIRLS IN SIXTH GRADE THROUGH 12TH

GRADE MORE EFFECTIVE SOCIAL AND EMOTIONAL COPING STRATEGIES WITH 298

VISITS TO THE PROGRAM THROUGHOUT THE YEAR.

EXPENSES \$ 151,581. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,495.

EDUCATION AND CAREER SCHOLARSHIPS: FRESH START OFFERS UNIQUE

SCHOLARSHIP OPPORTUNITIES FOR OUR CLIENTS WHO ARE READY TO TAKE ON

THEIR EDUCATIONAL GOALS. THE SCHOLARSHIP PROGRAMS OFFERS ASSISTANCE FOR

THOSE LOOKING TO COMPLETE A CERTIFICATION OR CREDENTIAL THAT WILL

POSITION HER TO ACCESS HIGHER PAYING EMPLOYMENT. THIS YEAR WE AWARDED

98 SCHOLARSHIPS EXPENDING OVER \$79,624 FOR ADVANCED LEARNING AND SKILL

BUILDING

EXPENSES \$ 1,083,038. INCLUDING GRANTS OF \$ 79,624. REVENUE \$ 2,733.

FORM 990, PART VI, SECTION A, LINE 2:

PATRICIA PETZNICK AND BEVERLY STEWART HAVE A FAMILY RELATIONSHIP. BELLE

PETZNICK, MELINDA PETZNICK AND PATRICIA PETZNICK HAVE A FAMILY

RELATIONSHIP.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 40 Schedule O (Form 990 or 990-EZ) (2019)

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2019.04030 FRESH START WOMEN'S FOUND 181681_1
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Name of the organization FRESH START WOMEN'S FOUNDATION	Employer identification number 86-0762610
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. BEFORE FILING, THE	
RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, PRESIDENT/CEO AND BOARD	
TREASURER. THE RETURN IS THEN MADE AVAILABLE TO BOARD MEMBERS FOR THEIR	
REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AT THE END OF EACH FISCAL YEAR, EACH DIRECTOR, PRINCIPAL, OFFICER, AND	
MEMBER OF A COMMITTEE IS REQUIRED TO SUBMIT A SIGNED CONFLICT OF INTEREST	
STATEMENT OR LACK THEREOF. THE ADMINISTRATIVE ASSISTANT TO THE	
CEO/PRESIDENT TRACKS THE RECEIPT OF STATEMENTS AND FOLLOWS UP UNTIL ALL	
STATEMENTS HAVE BEEN RECEIVED.	
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, A	
DISQUALIFIED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER	
FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES CONSIDERING	
THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL	
INTEREST, THE DISQUALIFIED PERSON SHALL LEAVE THE BOARD OR COMMITTEE	
MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE	
REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST	
EXISTS. IF DISCLOSURE OCCURS PRIOR TO CONSIDERATION THE DISQUALIFIED PERSON	
SHOULD ABSTAIN FROM ALL DISCUSSIONS AND CONSIDERATION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CEO'S COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF	
DIRECTORS. THEY CONSIDER THE INDIVIDUAL'S PERFORMANCE BASED ON ESTABLISHED	
GOALS, AGENCY PERFORMANCE, GENERAL MARKET CONDITIONS, MARKET DATA AND	
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019

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

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FRESH START WOMEN'S FOUNDATION	Employer identification number 86-0762610
SURVEYS, AND COMPENSATION PAID FOR SIMILAR POSITIONS IN SIMILAR	
ORGANIZATIONS TO DETERMINE ANY NECESSARY ADJUSTMENTS IN COMPENSATIONS.	
DECISIONS ARE DOCUMENTED BY THE BOARD. THE LAST REVIEW FOR THE CEO'S	
COMPENSATION WAS OCTOBER 2020.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST	
POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST TO	
THE PRESIDENT/CEO OF THE ORGANIZATION.	

932212 09-06-19