Form 990

** 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)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

AF	or the	2022 calendar year, or tax year beginning JUL 1, 2022 and e	ending JU	JN 30, 2023	
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	FRESH START WOMEN'S FOUNDATION			
	Name change	Doing business as		86-0762610	
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	1130 EAST MCDOWELL ROAD		(602) 261-71	.28
	termin- ated			G Gross receipts \$	6,135,265.
	Amend	PROENIX, AZ 85006	H(a) Is this a group re	eturn	
	Applica	F Name and address of principal officer: KIMBERDI MCWATERS		for subordinates	s? Yes X No
	pendin	9 1130 E MCDOWELL ROAD, PHOENIX, AZ 85006		H(b) Are all subordinates ir	ncluded? Yes No
<u> </u>]	ax-exe	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🚺 4947(a)(1) c	or 527	lf "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year (of formation: 1994	V State of legal domicile: AZ
Pa	art I	Summary			
Ð		Briefly describe the organization's mission or most significant activities: FRESH S		EN'S FOUNDATION	
anc		PROVIDES EDUCATION, RESOURCES AND SUPPORT FOR WOMEN TO POSIT:			
Governance		Check this box if the organization discontinued its operations or dispos	ed of more		1
Š					31
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b)			31
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			47
tivit		Total number of volunteers (estimate if necessary)			0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,120,806.	5,597,765.
Revenue				17,023.	26,052.
ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,080.	273,661.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,719.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,136,190.	5,897,478.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,257.	35,812.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ú		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,606,872.	3,532,425.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 980, 6			
ñ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,671,494.	2,359,304.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,300,623.	5,927,541.
	19	Revenue less expenses. Subtract line 18 from line 12		835,567.	-30,063.
OC			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		8,848,169.	8,688,802.
tAs	21	Total liabilities (Part X, line 26)		1,844,807.	1,675,222.
FNe		Net assets or fund balances. Subtract line 21 from line 20		7,003,362.	7,013,580.
Pa	nrt II	Signature Block			

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

Sign	Signature of officer		Date	1
Here	LATA QUINN, CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KRISTEN BASS		12/13/23	self-employed P01247587
Preparer	Firm's name CBIZ MHM, LLC		Firm	's EIN 34-1884125
Use Only	Firm's address 4722 N 24TH ST, STE 300			
	PHOENIX, AZ 85016		Pho	ne no.602-264-6835
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
				- 000 (2000)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

Pai	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE MISSION OF FRESH START WOMEN'S FOUNDATION IS TO PROVIDE ACCESS AND		
	RESOURCES THAT HELP WOMEN ACHIEVE SELF-SUFFICIENCY AND USE THEIR		
	STRENGTH TO THRIVE. WE DO THIS WORK IN PURSUIT OF OUR VISION TO CREATE		
	UNLIMITED OPPORTUNITIES FOR WOMEN AND TO [CONTINUED ON SCH O]		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-			es 🛛 No
	prior Form 990 or 990-EZ? 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?		es 🗵 No
3		······	
	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 me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses	, and
	revenue, if any, for each program service reported.		11 420
4a	(Code:) (Expenses \$ 2,681,556. including grants of \$ 35,812.) (Revenue \$		11,437.
	CAREER, EDUCATION AND TRAINING SERVICES: FRESH START CAREER SERVICES		
	SUPPORT WOMEN IN THEIR JOURNEYS TO NEW AND BETTER TRAINING AND		
	EMPLOYMENT. IN FY23, FRESH START PROVIDED 528 ONE-ON-ONE CAREER		
	COACHING SESSIONS AND A PLETHORA OF CAREER WORKSHOPS SPANNING THE		
	TOPICS OF INTERVIEWING, JOB SEARCHING, AND RESUME WRITING SKILLS. ONE		
	OF THE NEWEST CAREER OFFERINGS THIS YEAR IS THE CAREER EMPOWERMENT		
	SERIES; A THREE-DAY WORKSHOP SERIES DEDICATED TO HELPING WOMEN DISCOVER		
	THEIR STRENGTHS AND PREPARE FOR UPCOMING CAREER OPPORTUNITIES. WOMEN		
	EXIT THIS WORKSHOP WITH THE KNOWLEDGE AND CONFIDENCE NECESSARY TO		
	PURSUE AND ACHIEVE THEIR CAREER ASPIRATIONS.		
	FRESH START OFFERS A BREADTH OF EDUCATION OFFERINGS SPANNING THE TOPICS		
	OF FINANCIAL AND COMPUTER LITERACY, PARENTING, HEALTHY LIVING,		
4b	(Code:) (Expenses \$ 894,765. including grants of \$) (Revenue :	\$	
	SOCIAL WORK SERVICES: SOCIAL WORKERS SUPPORTED WOMEN WITH AN ARRAY OF	r	
	EXPERIENCES AND STRUGGLES, INCLUDING THEIR BARRIERS TO SUCCESS,		
	RESOURCE NEEDS, GOAL SETTING AND PROBLEM SOLVING, DOMESTIC VIOLENCE,		
	BOUNDARY SETTING, AND MUCH MORE. 438 RESOURCE COACHING SESSIONS WERE		
	CONDUCTED TO GET WOMEN CONNECTED WITH COMMUNITY RESOURCES AND ENROLLED		
	IN THE FRESH START IMPACT PROGRAM.		
	FRESH START'S TEAM OF SKILLED SOCIAL WORKERS CONDUCTED 1,990 ONE-ON-ONE		
	SOCIAL WORK SESSIONS LAST YEAR SUPPORTING WOMEN IN CREATING		
	PERSONALIZED GOALS, RESULTING IN 90% OF SOCIAL WORK CLIENTS ACHIEVING		
	THEIR GOALS. IN CONJUNCTION WITH ONE-ON-ONE SESSIONS, WOMEN ATTENDED		
	SOCIAL WORK SUPPORT GROUPS, BUILDING COMMUNITY, WHILE ADDRESSING TOPICS		
	SUCH AS BOUNDARY SETTING, CODEPENDENCY, ADDICTION, AND SO MUCH MORE.		
4c	(Code:) (Expenses \$	\$	
	WELL-BEING SERVICES: FRESH START OFFERS A BREADTH OF OFFERINGS THAT		
	IMPACT THE WELL-BEING OF CLIENTS. THE SERVICES INCLUDE MENTORING,		
	PERSONAL EMPOWERMENT WORKSHOPS, SUPPORT GROUPS, HEALTH COACHING AND		
	HEALTH WORKSHOPS. THESE CLASSES, WORKSHOPS, AND WEBINARS ARE		
	FACILITATED BY HIGHLY TRAINED STAFF AND INSTRUCTORS, ALONG WITH		
	COMMUNITY PROFESSIONALS AND EXPERTS. THERE WERE OVER 4,323 WORKSHOP		
	ATTENDEES THIS YEAR.		
ፈሓ	Other program services (Describe on Schedulo O)		
-tu	Other program services (Describe on Schedule O.) (Expenses \$ 508,726. including grants of \$) (Revenue \$	14,615.)	
4-		,o,	
40	Total program service expenses 4,546,925.		n 990 (202
		Forr	n ອອບ (202
	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	1011	, i

Form 990 (2022) Part IV Checklist of Required Schedules

FRESH START WOMEN'S FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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."			<u> </u>
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х
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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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member 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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 19			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
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		0762610		Page 5
			Ye	s 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	47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		•	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u>ا</u>	X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		;	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic			x
L	any contributions that were not tax deductible as charitable contributions?	<u>6</u> a	1	
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	66		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		,	
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			+-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	····· <u>··</u>		+
-	to file Form 8282?	70	:	x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	•	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 require	d? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	8-C? 7r	1	
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?			<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	•	_
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a		12	а	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13	а	
	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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14	b	<u> </u>
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
16	If "Yes," see the instructions and file Form 4720, Schedule N.			x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		,	
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	,	
	If "Yes," complete Form 6069.	······ ''		
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Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thro			"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See instructi	ons.			
_	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31	. !		
	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 w	vith any oth	er			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the d	direct super	vision			
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	s?		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 apport					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stor	ckholders, o	r			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	-	-			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code.)				
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	oters, affiliat	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b	pefore filing	the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe				
	on Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval b	by independ	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	nt 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 participa	tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ation's				
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (sect	ion 501(c)(3)s	; only) :	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain or control or contro or control or control or control or control or		,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of intere	st policy, and	l financ	cial	
	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	s and record	ds			
	LATA QUINN - 602-751-3062					
	1130 E. MCDOWELL ROAD, PHOENIX, AZ 85006					
2006	12-13-22			Form	990	(202
)12	7 13 143399 181681 2022.05010 FRESH STAN	RT WOM	EN'S FC			

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Form 990 (2	2022) FRESH START WOMEN'S FOUNDATION	86-0762610	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
· · · · · ·	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	h or within the organization	's tax year.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	dad	lirecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KIMBERLY MCWATERS	40.00		_	0	-		-			
PRESIDENT/CEO				х				172,851.	0.	10,679.
(2) LATA QUINN	32.00									
CFO				Х				122,064.	٥.	10,094.
(3) MEGHAN SNEED	40.00									
VP OF PROGRAMS & ORG. IMPACT						Х		130,490.	0.	0.
(4) ABDU DAHR	40.00									
VP OF STRATEGIC PARTNERSHIPS						x		116,802.	0.	7,971.
(5) HEIDI COUPLAND	40.00									
CHIEF DEVELOPMENT OFFICER				Х				116,485.	0.	4,765.
(6) ADRIANNE WRIGHT TAYLOR	2.00									
CHAIR		Х		Х				0.	0.	0.
(7) CYNTHIA A. LIETZ	2.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(8) BARBARA MILAZZO	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) GENA BONSALL	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) RHONDA R. TURNER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(11) ANDREA KATSENES PAPPAS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DR. ANTOINETTE FARMER-THOMPSON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BEATRIZ ELISABETH RENDON	1.00									
DIRECTOR		Х						٥.	٥.	0.
(14) BELLE PETZNICK	1.00									
DIRECTOR		Х						٥.	٥.	0.
(15) BEVERLY STEWART	1.00									
DIRECTOR		х						0.	0.	0.
(16) DONNA EASTERLY	1.00									
DIRECTOR		х						0.	0.	0.
(17) ELISE GOULD	1.00									
DIRECTOR		х						0.	0.	0.
000007 10 10 00		_		_						Form 990 (2022)

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Form 990 (2022)

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Form 990 (2022) FRESH START V	VOMEN'S FOU	NDA	TIO	N					86-076261	0	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average			Pos	itior			Reportable	Reportable	Est	imate	-d
	hours per		not cl					compensation	compensation		ount	
	week		cer an					from	from related		other	
	(list any	tor						the	organizations		bensa	ation
	hours for	direc				P		organization	(W-2/1099-MISC/		om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	orga	anizat	ion
	organizations	trust	al tru		yee	mpe		1099-NEC)		and	l relat	ed
	below	ndividual trustee or director	n stit utio nal tru stee	er	mplc	est co	er			orga	nizati	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former					
(18) FRANCES HAYNES	1.00											
DIRECTOR		x						0.	0.			Ο.
(19) JANET KIZZIAR PHD	1.00											
DIRECTOR		x						0.	0.			Ο.
(20) JESSICA PENNINGTON	1.00							••	••			<u> </u>
	1.00								0			•
DIRECTOR		Х						0.	0.			0.
(21) KARLENE KEOGH PARKS	1.00											
DIRECTOR		Х						0.	0.			0.
(22) KATHERINE SCARDELLO	1.00											
DIRECTOR		Х						0.	Ο.			0.
(23) KATHLEEN ZIEGLER	1.00											
DIRECTOR		x						0.	0.			Ο.
(24) KIM FOWEE-PERERA	1.00								-			
DIRECTOR		x						0.	0.			0.
	1 00	<u>^</u>				-		· · ·	Ū.			
(25) LISA STEVENS ANDERSON	1.00											
DIRECTOR		Х						0.	0.			0.
(26) LORRAINE FIELD	1.00											
DIRECTOR		Х						0.	0.			0.
1b Subtotal								658,692.	Ο.		33,	509.
c Total from continuation sheets to Part VI								0.	Ο.			٥.
d Total (add lines 1b and 1c)								658,692.	0.		33,	509.
2 Total number of individuals (including but n								ceived more than \$100 (000 of reportable			
compensation from the organization		000	noto	u us		, ,						5
compensation norm the organization											Yes	No
• Did the experimetion list on a former officer		I.									100	
3 Did the organization list any former officer,				•	•		Ŭ	•		-		v
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su									-			
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4	X	
5 Did any person listed on line 1a receive or a	accrue comper	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	oers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensat	tion fro	m	
the organization. Report compensation for	•	•										
(A)				<u>.g</u>				(B)		(C	<u>،</u>	
Name and business	address	NO	NE					Description of s	ervices C	ompen		n
								•				
							_					
2 Total number of independent contractors (ii		at lin	nitor	l to t	thor		ted	above) who recoived me	ore than			
	•	JE 111	met			5e iis 0	eu	above, who received the				
\$100,000 of compensation from the organiz		mс				5				- C	000 /	
SEE PART VII, SECTION A CONTINU	SALLON SHEE	12								Form S) UC	2022)
232008 12-13-22												

Form 990 FRESH START V	WOMEN'S FOU	NDA	TIO	N					86-07626	510		
Part VII Section A. Officers, Directors, Tru	nplo	yee	s, a	nd H	ligh	est (Compensated Employe					
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated		
	hours	(cl	heck	all i	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	recto				em plo		organization	(W-2/1099-MISC)	from the		
	hours for	or di	ee			ated		(W-2/1099-MISC)		organization		
	related	ustee	trust		e	bens				and related		
	organizations below	ual tri	ional		ploye	tcom				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former					
(27) MARLENE KLOTZ-COLLINS	1.00	-	-	0	×	-	Ē					
DIRECTOR		х						0.	0.	Ο.		
(28) MARY PAHISSA UPCHURCH	1.00											
DIRECTOR		х						0.	0.	0.		
(29) MELINDA PETZNICK	1.00											
DIRECTOR		x						0.	0.	0.		
(30) NANCY LOFTIN	1.00									• •		
DIRECTOR		х						0.	0.	Ο.		
(31) PAT PETZNICK	1.00											
DIRECTOR		х						0.	0.	0.		
(32) PATTY WHITE	1.00											
DIRECTOR		x						0.	0.	0.		
(33) RENIE SCIBONA	1.00											
DIRECTOR		x						0.	0.	0.		
(34) ROBYN YOUNG	1.00											
DIRECTOR		x						0.	0.	0.		
(35) SHIRLEY GUNTHER	1.00											
DIRECTOR		x						0.	0.	0.		
(36) STEFANIE LAYTON	1.00											
DIRECTOR		x						0.	0.	0.		
				-	-							
										<u> </u>		
				-	-							
	1	I	1	1	I	1	L					
Total to Part VII. Section A. line 1c												
	Total to Part VII, Section A, line 1c											

232201 04-01-22

		Check if Schedule O contains a response	or note to any line		(B)	(C)	
				(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
ţ	1 a	Federated campaigns 1a					
uno		Membership dues 1b					
_ ∎	с	Fundraising events 1c	2,788,230.				
ar /	d	Related organizations 1d					
<u>i</u>	е	Government grants (contributions) 1e	419,795.				
s	f	All other contributions, gifts, grants, and					
ţ		similar amounts not included above 1f	2,389,740.				
and Other Similar Amounts	-	Noncash contributions included in lines 1a-1f	317,292.	F F07 76F			
a	h	Total. Add lines 1a-1f	Business Code	5,597,765.			
	2 a	FAMILY LAW SERVICES	541100	14,615.	14,615.		
	z a b	OTHER PROGRAM SERVICES	624100	11,437.	11,437.		
nue	c			,	,		
evel	d						
Revenue	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		26,052.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		176,195.			176,1
	4	Income from investment of tax-exempt bond p	Г				
	5	Royalties	(ii) Personal				
	c -		(ii) Personai				
		Gross rents 6a	<u> </u>				
		Less: rental expenses 6b	<u> </u>				
		Rental income or (loss) 6c Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> u	assets other than inventory 7a 120, 405.					
	b	Less: cost or other basis					
ų		and sales expenses	3,373.				
aniia	с	Gain or (loss) 7c 100,839.	-3,373.				
	d	Net gain or (loss)		97,466.			97,4
ū	8 a	Gross income from fundraising events (not					
5		including \$2,788,230. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 88	214,848.	105 100			105 1
		Net income or (loss) from fundraising events	·····	-105,192.			-105,1
	эa	Gross income from gaming activities. See Part IV, line 19 9a	105,192.				
	h	Less: direct expenses 96					
		Net income or (loss) from gaming activities	· · ·	105,192.			105,1
1		Gross sales of inventory, less returns		,			,
	_	and allowances102	a l				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
			Business Code				
Revenue	11 a		ļļ			ļ	
enu	b		ļ				
Sev	С		├ ──── ↓				
٦		All other revenue					
	-	Total. Add lines 11a-11d					

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FRESH START WOMEN'S FOUNDATION

Part IX Statement of Functional Expenses

86-0762610 Page **10**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 35,812 35,812, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 24,425 trustees, and key employees 315,688 262,435. 28,828. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,769,310. Other salaries and wages 2,302,160. 214,266. 252,884. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 39,183 32,573 3,032. 3,578. 156,486 130,089 12,108, 14,289. Other employee benefits 9 251,758. 209,289 19,479 22,990. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 19,049 14,908, 1,656. 2,485. b Legal 30,950, 24,222, 2,691 4,037. С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees 35,379. 35,379 f Other. (If line 11g amount exceeds 10% of line 25, g 372,209 195,978 61,920 114,311. column (A), amount, list line 11g expenses on Sch 0.) 91,268 23,825, 894 66,549. Advertising and promotion 12 128,784 73,434 1,071 54,279. 13 Office expenses _____ 188,604 170,146 3,686 14,772. Information technology 14 Royalties 15 247,538 218,059, 1,502 27,977. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 47,940 47,048, 304 588. 20 Interest Payments to affiliates 21 314,375, 308,502, 2,003 3,870. 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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.) EVENT EXPENSE 331,472. 4,700, 0. 326,772. а COMMUNITY OUTREACH 266,410 266,410. 0. Ο. b EMPLOYEE TRAINING/OTHER 227,622. 179,635. 15,527, 32,460. С CLIENT EXPENSES 24,441. 24,441 0 0. d 33,263, 23,259 44 9,960. All other expenses е 5,927,541 4,546,925, 399,987, 980,629. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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232010 12-13-22

Form 990 (2022)

if following SOP 98-2 (ASC 958-720)

Check here

07301213 143399 181681

	controlled entity or family member of any of thes	ons		5		
6	Loans and other receivables from other disqualif	ied per	sons (as defined			
	under section 4958(f)(1)), and persons described	l in sec [.]	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				72,316.	9	1
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	6,119,131.			
b	Less: accumulated depreciation	10b	3,260,423.	2,919,672.	10c	2,8
11	Investments - publicly traded securities			1,337,514.	11	1,2
12	Investments - other securities. See Part IV, line 11			2,583,731.	12	2,5
13	Investments - program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			19,167.		1
16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	8,848,169.		8,6
17	Accounts payable and accrued expenses			262,163.	17	
18	Grants payable				18	
19	Deferred revenue			373,085.	19	1
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
22	Loans and other payables to any current or form	er offic	er, director,			
	trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ons		22	
23	Secured mortgages and notes payable to unrela	ted thir	d parties	1,209,559.	23	1,1
24	Unsecured notes and loans payable to unrelated	l third p	parties		24	
25	Other liabilities (including federal income tax, page	yables [.]	to related third			
	parties, and other liabilities not included on lines	included on lines 17-24). Complete Part X				

2 2 2 Liabilities 149,108. 2 2 0. 25 152,234. of Schedule D 1,844,807. 1,675,222. 26 Total liabilities. Add lines 17 through 25 26 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,565,759. 6,053,942. 27 27 Net assets without donor restrictions Net assets with donor restrictions 437,603. 959,638. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 7,013,580. 32 7,003,362. 32 8,848,169. 8,688,802. 33 Total liabilities and net assets/fund balances 33

FRESH START WOMEN'S FOUNDATION Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 86-0762610

1

2

3

4

(A) Beginning of year

1,041,482.

542,601.

331,686.

(B) End of year

1,111,546.

310,181.

133,464.

153,863.

858,708. 230,175. 715,360.

175,505. 688,802. 256,681.

117,199.

Form 990 (2022)

Form 990 (2022)

1

2

3

4

5

Assets

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Image: 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) Image: Check if Schedule O contains a response or note to any line in this Part XI 2 Total revenue (must equal Part VIII, column (A), line 12) Image: Check if Schedule O contains a response or note to any line in this Part XI 2 Total expenses (must equal Part X, column (A), line 25) Image: Check if Schedule O contains a response or note to any line in this Part XI 2 Total expenses, Subtract line 2 from line 1 Image: Check if Schedule O contains a response or note to any line in this Part X, line 32, column (A)) Image: Check if Schedule O contains a response or note to any line in this Part X, line 32, column (A)) 4 Total expenses, Subtract line 2 from line 1 Image: Check if Schedule Contains a response or note to any line in this Part X, line 32, column (A)) Image: Check if Schedule Contains a response or note to any line in the sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Image: Check if Schedule Contains a response or note to any line in the sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Image: Check if Check	12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 5,897,41 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,927,54 3 Revenue less expenses. Subtract line 2 from line 1 3 -30,06 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7,003,36 5 Net unrealized gains (losses) on investments 6 5 40,26 6 7 1 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 7 013,56 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 7 013,56	
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 A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A Net unrealized gains (losses) on investments A Donated services and use of facilities B Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) A 7,003,36 A 0,26 B 7 B 7 C 7,013,56 	11.
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6 Donated services and use of facilities 7 Investment expenses 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, contexpension)	52.
6 6 7 7 8 7 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, contract (R))	31.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, contract (D)) 7 013	
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, combine lines 3 th	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
	٥.
column (B)) 7 013 58	
	30.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	١o
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 on Schedule O.	
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?	
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	
c 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?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2022)

232012 12-13-22

(Form 990)

Total

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
2022
Open to Public

Department of Internal Reve	of the Treasury nue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
Name of	the organizati	on						Employer	identification numbe		
		FRESH	START WOMEN'S F	OUNDATION					86-0762610		
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The organ	nization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).				
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)						
3				anization described in se)(b)(1)(A)(ii	ii).				
4	A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and stat	e:									
5	An organizati	on operated fo	or the benefit of a co	llege 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				nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X		· -	-	ntial part of its support fi				ne general i	oublic described in		
			omplete Part II.)		0			0 .			
8				(1)(A)(vi). (Complete Par	t II.)						
9				in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college		
				ulture (see instructions).							
	university:			, , , , , , , , , , , , , , , , , , ,			,	0			
10		on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
	-		•	t to certain exceptions; a				-			
			-	(less section 511 tax) fro					-		
			mplete Part III.)	. ,		·	, ,				
11				ively to test for public sa	fety. See	section 50	09(a)(4).				
12	-	-	-	ively for the benefit of, to	•			rry out the	purposes of one or		
				d in section 509(a)(1) o							
				f supporting organizatior							
a	_			upervised, or controlled					giving		
			-	gularly appoint or elect a	• • • •	-					
		-	complete Part IV, Se		, ,						
b	_			l or controlled in connect	ion with it:	s supporte	ed organizatio	n(s), by hav	ving		
			-	anization vested in the sa			-		-		
		•	t complete Part IV,		·						
с	_			g organization operated	in connect	tion with. a	and functiona	llv integrate	ed with.		
		-). You must complete I				, ,	,		
d		-		oorting organization oper				rted organiz	zation(s)		
		-		ation generally must sat				-			
				nplete Part IV, Sections							
e	- ·	i i	,	written determination fro	,			II. Type III			
		•		nally integrated supporti			JI , JI	, ,,			
f Ent	er the number		·	, , , , , , , , , , , , , , , , , , ,							
		• •	n about the supporte								
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions		

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						
membership fees received. (Do not include any 'unusual grants') 2,938,332, 2,968,815, 2,930,747, 5,120,806, 5,597,765, 19,576,465, 2 Tax revenues level for the organization's benefit and them paid to or expended on its behating 1 3 The value of services or facilities turnished by agovernmental unit to the organization without charge 2,938,332, 2,988,815, 2,930,747, 5,120,806, 5,597,765, 19,576,465, 5 The portion of total contributions by each person of total contributions thy each person of total contributions by each person of total contributions thy each person of total contributions thy each person of total contributions thy each person of total contributions the exceeds 28 of the amount shown on line 11, column (f) 2,938,332, 2,988,815, 2,930,747, 5,120,806, 5,597,765, 19,576,465, 5,597,765, 19,576,465, 18,743,269, Section B. Total Support Celevalar yrar (or fiscal yrar beginning in Column from line 4 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (d) 2022, 106,125, 2,938,332, 2,988,815, 2,930,747, 5,120,806, 5,597,765, 19,576,465, 18,743,269, Section B. Total Support Celevalar yrar (or fiscal yrar beginning in Column from line 4 (a) 2018 (b) 2019 (c) 2020, 106,120, 19,745, 19,976, 61,960, 100,261, 176,195, 529,707, 19,745, 19,976, 61,960, 100,261, 176,195, 529,707, 19,745, 19,976, 61,960, 100,261, 176,195, 529,707, 19, 101,335, 89,976, 61,960, 100,261, 176,195, 529,707, 19, 101,335, 89,976, 61,960, 100,261, 176,195, 529,707, 19, 101,335, 109,976, 100,900, 100,261, 176,195, 529,707, 19, 101,335, 109,976, 61,960, 100,261, 176,195, 529,707, 19, 101,335, 109,976, 61,960, 100,261, 176,195, 120,0106,172, 19, 101,335, 109,976, 61,960, 100,261, 176,19	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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iteration's benefit and either paid to or expended on its behalf		include any "unusual grants.")	2,938,332.	2,988,815.	2,930,747.	5,120,806.	5,597,765.	19,576,465.
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		-		-		• •		
	18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 1/a, or 17b	, check this box a		

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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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	t					
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					
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 t	0					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, ar 3 received from disqualified persor						
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.						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amounts from line 6						
10a 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 business acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busine activities not included on line 10b, whether or not the business is regularly carried on	ss					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12						
14 First 5 years. If the Form 990 is for	or the organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	inization,
check this box and stop here						
Section C. Computation of Pu						
15 Public support percentage for 202	2 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 20	021 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inv						
17 Investment income percentage for	2022 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage fro					18	%
19a 33 1/3% support tests - 2022. If					<u> </u>	
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2021. If						/3%, and
line 18 is not more than 33 1/3%, o						
20 Private foundation. If the organization	ation did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	tructions	
232023 12-09-22					Sche	dule A (Form 990) 2022
		17	7			

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1

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022	
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FRESH START WOMEN'S FOUNDATION

Yes

1

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported

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. Section 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 experimetion()	-1		

Section 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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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	2		
	supported organizations played in this regard	3		

Section 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 ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you s	supported a governmental entity (see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

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.* 232025 12-09-22

Schedule A (Form 990) 2022

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	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	86-0762610 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	<u> </u>		Part VI) See instruction
'	All other Type III non-functionally integrated supporting organizations mu			
ect	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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_	Check have if the surrent year is the exception's first as a pan function	- 11 - 1 - 4 4 -		

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

Schedule A (Form 990) 2022

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Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022 FRESH START WOMEN'S FOUNDATION	86-0762610	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and Section D, lines 2, and Section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and Section D, lines 2, 5, and 5, and Section D, lines 2, and Section D, lines 2, 5, and 5, a	1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C, art V,
	(See instructions.)		
232028 12-09-2	2 22	Schedule A (Form	990) 2022
	44		

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

86-0762610

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

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

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

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$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	
2		\$160,000.	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$286,017.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$169,224.	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	
6		\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2022)

FRESH START WOMEN'S FOUNDATION

Name of organization

Page 2

Employer identification number

86-0762610

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07301213 143399 181681

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Name of o	organization	Employer identification number	
FRESH ST	TART WOMEN'S FOUNDATION		86-0762610
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - _ \$	

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Schedule B (Form 990) (2022)

Page 3

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page 4			
Name of o	rganization		Employer identification number			
FRESH SI	TART WOMEN'S FOUNDATION		86-0762610			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. 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, a 	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
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, a	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, and ZIP + 4		Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			

Schedule B (Form 990) (2022)

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	HEDULE D		al Financial Statements		OMB No. 1545-0047				
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZZ				
	ment of the Treasury I Revenue Service		Ittach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection				
	e of the organizat			Emp	oloyer identification number				
De		FRESH START WOMEN'S FOUNDAT			86-0762610				
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	coun	ITS. Complete if the				
	organizatio			b) Fun	ds and other accounts				
1	Total number at e	nd of year							
2		of contributions to (during year)							
Aggregate value of grants from (during year)									
4 Aggregate value at end of year									
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No								
6			dvisors in writing that grant funds can be used o						
Ū	•	u	r donor advisor, or for any other purpose conferr	•					
	impermissible priv								
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.					
1		servation easements held by the organization							
		n of land for public use (for example, recrea		-					
		of natural habitat n of open space	Preservation of a certi	neu ms	stone structure				
2			ied conservation contribution in the form of a co	nserva	tion easement on the last				
	day of the tax yea	. .			Held at the End of the Tax Year				
а	Total number of c		2a						
b	Total acreage rest		2b 2c						
С	Number of conser								
d	d Number of conservation easements included in (c) acquired after July 25,2006, and not on a								
3			eased, extinguished, or terminated by the organi	2d	during the tax				
0	year			Lation					
4	Number of states	where property subject to conservation eas	sement is located						
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of						
_		forcement of the conservation easements it							
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ements during the year				
7	Amount of expense	ses incurred in monitoring inspecting hand	lling of violations, and enforcing conservation eas	ement	ts during the year				
•	Amount of expend	ses meaned in momening, inspecting, name		Serrieri	to during the your				
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)					
	and section 170(h	n)(4)(B)(ii)?			Yes No				
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense statem	ent an	d				
			note to the organization's financial statements that	at desc	cribes the				
Pa		counting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or Other S	imila	r Assets.				
		if the organization answered "Yes" on Form							
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sh	neet works				
	of art, historical tr	easures, or other similar assets held for put	blic exhibition, education, or research in furtherar	ice of p	oublic				
	· •		ncial statements that describes these items.						
b			8, to report in its revenue statement and balance						
			exhibition, education, or research in furtherance	ot put	DIIC SERVICE,				
	•	ring amounts relating to these items: uded on Form 990. Part VIII, line 1			\$				
					\$\$				
2	.,		asures, or other similar assets for financial gain, r						
		unts required to be reported under FASB A							
а					\$				
b	Assets included in		\$						

LHA For Paperwork Reduction Act Notice, see the Instruct	ctions for Form 990.
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S		Λ	E	Δ	1	Δ	וסיד	

Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) a Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contained to the organization acquisition, accession, and other records, check any of the following that make significant use of its contained to the organization acquisition is accepted to the organization accepted to the organization accepted to the organization accession, and other records, does not exchange program b B Provide acception of the organization accelections and explain how they further the organization accelection? Yes No Particle acception of the organization accelection? Yes No No Particle an amount on form 900, Part X, line 21. Terrepreteriation acquires the following table: Amount Yes No b If "Hesi" explain the arrangement in Part XIII and complete the following table: Amount Yes No b If "Hesi" explain the arrangement in Part XIII and complete the following table: Image and the splan acception of the organization and table acception of the organization acception of the organization acception Part XIII Yes No b If "Hesi" explain the arrangement in Part XIII check here if the explanation inside account liability? Yes No conting balance (a) Current yest (b) For yest bade (c) For yests bade (c)	Sche		WOMEN'S FOUNDAT				86-07		P	_{age} 2
collection lemis (check all that apply): a b b Scholarly research c Other	Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or Oth	ner Sin	nilar Asset	s (contii	nued)	
a Public exhibition d Can or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that make	e signific	ant use of its			
b Scholary research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to take tonks attent than to be maintained as part of the organization collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an anount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b if Yes'', explain the arrangement in Part XIII and complete the following table: Amount 4d. c Beginning balance Amount 1e 1d. 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes'', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes' No b If Yes'', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes' No b If Yes'', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 Derint W Exercise and anount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 24. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 6 Ending balance Intermediary for contributions or custodial account liability? Yes 0 Dating balance Intermediary for contributions account liability? Yes No Part V Endowment Funds. Complete if the organization nasweed 'Yes' on Form 990, Part X, line 10. Intermediary for year balance Intermediary for year intermediary for contributions account liability? Yes No 1a Both organization include an amount on Form 990, Part X, line 21, for secret or custodial account liability? Yes No 1a Both organization include an amount on Form 990, Part X, line 10.	а	Public exhibition	d	Loan or exc	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII. 5 During the year, did the organization solicit or receive donalitons of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part U Endowment Turstee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? The is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? C Beginning balance C Beginning of year balance C Combib U. Trives, 'explain the arrangement in Part XIII. Check here If the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete rith organization nation has been provided on Part XIII Beginning of year balance C 2, 941, 220, 3, 364, 411, 2, 771, 530, 2, 600, 887, 1, 018, 621, 02, 03, 364, 411, 2, 771, 530, 2, 600, 887, 1, 018, 621, 02, 03, 364, 411, 2, 771, 530, 2, 600, 887, 1, 018, 624, 02, 04, 825, 042, 04, 805, 0425, 010, 8, 654, 041, 040, 041, 041, 041, 041, 041, 04	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Yes No Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ine 21. If a lis the organization angent, fustace, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id c Beginning balance Id Id Id Id d Additions during the year Id Id Id Id Id a doit thos quanting the year Id	с	Preservation for future generations								
To be sold to raise funds: rather than to be maintained as part of the organization aclosection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9. No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id	4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's ex	kempt p	urpose in Par	t XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 9, or 'reported an amount on Form 990, Part X // Ime 9, or 'reported an amount on Form 990, Part X // Ime 9, or 'reported an amount on Form 990, Part X // Ime 9, or 'reported an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'res', 'explain the arrangement in PATMI (Inclex here if the explanation has been provided on Part XIII Ime	5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or other sim	lar asse	ts			_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d a Additions during the year 1d 1d 1a 1d 1d 2b Distributions during the year 1d 2a Distributions during the year 1d 2b Distributions during the year 1d 2b Distributions during the year 1d 2b Distributions during the year 1d Part V Enclowment Funds. Complete if the organization answered "Yes" on Form 980, Part XI, line 0. (e) 1a Beginning of year balance 2, 941, 250, 3, 364, 411, 2, 771, 530, 2, 600, 887, 1, 918, 621, 03, 25, 150, 1, 45, 550, 1, 45, 551, 25, 109, 30, 25, 109, 1, 45, 521, 09, 1, 45, 521, 09, 1, 45, 521, 00, 2, 550, 1, 45, 534, 45, 45, 550, 1, 45, 5534, 45, 45, 550, 1, 45, 5534, 36, 864. c Arants or scholarships 167, 813, -448, 721, 574, 076, 1, 45, 534, 36, 864. c Additive expenses 3, 109, 063, 2, 941, 250, 3, 364, 411, 2, 771, 530, 2, 600, 887. 2 Provide the estimated percentage of the current ye										No
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d 2 Did thoriganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Immed to the part of the organization include an amount on Form year (0) Prove years black (0) Intree years black (0) Intere years blach (0) Intere years black (0) Intere years blach (0) Intere year	Par			e if the organizatio	n answered "Yes"	on Form	n 990, Part IV,	line 9, or		
on Form 990, Part X2 Yes No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d 2 Did thoriganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. In the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X In 60, Part Y, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. In 61, 621, 621, 621, 621, 621, 621, 621,	1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other assets n	ot incluc	led			
b If "Yes," explain the arrangement in Part XIII and complete the following table:								Yes		No
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f f Ending balance 1f 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'ves' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1b Contributions 0. 25, 560. 18, 805. 25, 109. 1, 495, 402. 1c daration scholarships 0. 25, 560. 18, 805. 25, 109. 1, 495, 402. c Not investment emmings, gains, and losse 167, 813. -448, 721. 574, 076. 145, 534. 86, 864. 6 Other expenditures for facilities 0. 19, 063. 2, 941, 250. 3, 364, 411. 2, 771, 530. 2, 600, 887. 2 Provide the estimated percentage	b									
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Dif the scalain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back (e) Four yea								Amoun	t	
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Dif the scalain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back (e) Four yea	с	Beginning balance				L	1c			
f Ending balance							1d			
2a Did the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part KI, line 10. (a) Current year (b) Prior years back (d) Three years back (e) Four years back (e) Fo	е	Distributions during the year				L	1e			
b If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Furry years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Furry years back 1b Contributions 0. 25,560. 18,805. 25,109. 1,495,402. c Net investment earnings, gains, and losses 167,813. -4448,721. 574,076. 145,534. 86,864. 6 Other expenditures for facilities and programs - - - - g End of year balance 3,109,063. 2,941,250. 3,364,411. 2,771,530. 2,600,887. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: as a board designated or quasi-endowment 87,3370. % b Permanent endowment 6.0410. % - - - - - - - - - - - <th>f</th> <th>Ending balance</th> <th></th> <th></th> <th></th> <th> L</th> <th>1f</th> <th></th> <th></th> <th></th>	f	Ending balance				L	1f			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 2, 941, 250. 3, 364, 411. 2, 771, 530. 2, 600, 887. 1, 0.18, 621. 1b Contributions 0. 25, 560. 18, 805. 25, 109. 1, 495, 402. 1c Contributions 0. 25, 560. 18, 805. 25, 109. 1, 495, 402. 1c Contributions 0. 25, 560. 145, 534. 86, 864. 1c Other expenditures for facilities 167, 813. -448, 721. 574, 076. 145, 534. 86, 864. g End of year balance 3, 109, 063. 2, 941, 250. 3, 364, 411. 2, 771, 530. 2, 600, 887. g End of year balance Gene organization 87.3370. % 9 9 g End of year balance 9.0410. % 5 3, 364, 411. 2, 771, 530. 2, 600, 887.	2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escrow or cu	ustodial account lia	bility?	L	Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (function (function <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>										
1a Beginning of year balance 2,941,250. 3,364,411. 2,771,530. 2,600,887. 1,018,621. b Contributions 0. 25,560. 18,805. 25,109. 1,495,402. c Net investment earnings, gains, and losses 167,813. -448,721. 574,076. 145,534. 86,864. d Grants or scholarships 0. 2,941,250. 3,364,411. 2,771,530. 2,600,887. 1,018,621. d Grants or scholarships 0. 25,560. 18,805. 25,109. 1,495,402. d Grants or scholarships 0. 167,813. -448,721. 574,076. 145,534. 86,864. d Grants or scholarships 0. 145,534. 86,864. 864. d Grants or scholarships 0. 1.09,063. 2,941,250. 3,364,411. 2,771,530. 2,600,887. g End of year balance 87.3370 % % % % % b Pervide the estimated percentage of the current year end balance (line 1g, column (a) held as: a Sa of a strain and a strain and a strain and a stra strain and a strain and a stra strain and a strain and	Par	TV Endowment Funds. Complete it						1		
b Contributions 0. 25,560. 18,805. 25,109. 1,495,402. c Net investment earnings, gains, and losses 167,813. -448,721. 574,076. 145,534. 86,864. Grants or scholarships						. ,		. ,	-	
c Net investment earnings, gains, and losses 167,813. -448,721. 574,076. 145,534. 86,864. d Grants or scholarships	1a									
d Grants or scholarships		ſ		,						
e Other expenditures for facilities and programs Image: Construction of the current year of balance f Administrative expenses 3,109,063. 2,941,250. 3,364,411. 2,771,530. 2,600,887. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 87.3370 % b Permanent endowment 8.0410 % % c Term endowment 8.0410 % d 4.6220 % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(0) X 3a(0) X d Jate organizations 3a(1) X 3a(1) X d Jescribe in Part XIII the intended uses of the organization's endowment funds. 3b Image: State organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: State organization and the pasis (investment) Image: State organizatio			167,813.	-448,721.	574,076	••	145,534		86,	864.
and programs										
f Administrative expenses 3,109,063, 2,941,250, 3,364,411, 2,771,530, 2,600,887. g End of year balance 3,109,063, 2,941,250, 3,364,411, 2,771,530, 2,600,887. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment 87.3370 % b Permanent endowment 8.0410 % c Term endowment 4.6220 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations 3a(i) i) Unrelated organizations 3a(i) x ii) Related organizations 3a(i) x ja(ii) x 3a(ii) x ja(iii) are the related organizations listed as required on Schedule R? 3b 4 b If "Yes" on line 3a(ii), are the related organization's endowment funds. 3a(i) x 2 Describe in Part XIII the intended uses of the organization's endowment funds. 4 4 Part VI Land, Buildings, and Equipment. (b) Cost or other basis (other) (c) Accumulated depreciation	е									
g End of year balance 3,109,063. 2,941,250. 3,364,411. 2,771,530. 2,600,887. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment			2 109 062	2 941 250	2 264 411		2 771 520		600	007
a Board designated or quasi-endowment					· · · · · · · · · · · · · · · · · · ·	•	2,771,550	2	,000,	007.
b Permanent endowment 8.0410 % c Term endowment 4.6220 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X 3a(ii) X (ii) Related organizations 3a(ii) X 3a(ii) X (ii) Related organizations 3a(i) X 3a(i) X (ii) Related organizations 3a(i) X 3a(i) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 1 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value b Buildings 5, 281, 170. 2, 880, 719. 2, 400, 451. 2, 400, 451. 2, 503. 4, 503.)) neid as:					
c Term endowment	a L			_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iiiii) Related organizations (iiiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	a									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Leasehold improvements (f) Secondary (f) S	C									
organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b - 4 Describe in Part XIII the intended uses of the organization's endowment funds. - - Part VI Land, Buildings, and Equipment. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 0 Description of property (a) Cost or other basis (other) 2,880,719. 2,400,451. 1 Land 203,841. 121,308. 82,533. d Equipment 359,020. 111,883. 247,137. e Other 275,100. 146,513. 128,587.	20			ion that are hold a	ad administored for	tho				
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(i) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 4b Book value 1a Land 5,281,170. 2,880,719. 2,400,451. b Buildings 5,281,170. 2,880,719. 2,400,451. c Leasehold improvements 203,841. 121,308. 82,533. d Equipment 359,020. 111,883. 247,137. e Other 275,100. 146,513. 128,587.	Ja		sion of the organizati	ion that are neid a	la autimisterea lo	uie			Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c <		c						3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a 1a 2,880,719. 2,400,451. c Leasehold improvements 203,841. 121,308. 82,533. d Equipment 359,020. 111,883. 247,137. e Other 275,100. 146,513. 128,587.										х
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par									
basis (investment) basis (other) depreciation 1a Land b Buildings 5,281,170. 2,880,719. 2,400,451. c Leasehold improvements 203,841. 121,308. 82,533. d Equipment 359,020. 111,883. 247,137. e Other 275,100. 146,513. 128,587.		Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line 1	0.			
b Buildings 5,281,170. 2,880,719. 2,400,451. c Leasehold improvements 203,841. 121,308. 82,533. d Equipment 359,020. 111,883. 247,137. e Other 275,100. 146,513. 128,587.		Description of property	1	• • •		•		(d) Boo	k valu	e
b Buildings 5,281,170. 2,880,719. 2,400,451. c Leasehold improvements 203,841. 121,308. 82,533. d Equipment 359,020. 111,883. 247,137. e Other 275,100. 146,513. 128,587.	1a	Land								
c Leasehold improvements 203,841. 121,308. 82,533. d Equipment 359,020. 111,883. 247,137. e Other 275,100. 146,513. 128,587.				5	,281,170.	2,8	80,719.	2	,400,	451.
d Equipment 359,020. 111,883. 247,137. e Other 275,100. 146,513. 128,587.					203,841.	1	.21,308.		82,	533.
e Other					359,020.	1	.11,883.		247,	137.
					275,100.	1	46,513.		128,	587.
				column (B). line 1	0c.)			2	,858,	708.

Schedule D (Form 990) 2022

86-0762610 Page **3**

Part VII Investments - Other Securities.
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) 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	2,715,360.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	2 715 360.	

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. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCING LEASE LIABILITY	152,234.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	152,234.

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) 2022

X

232053 09-01-22

Sche	dule D (Form 990) 2022 FRESH START WOMEN'S FOUNDATION			86-0762610	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			<u> </u>
1				1	6,068,134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	10.001		
а	Net unrealized gains (losses) on investments		40,281.		
b	Donated services and use of facilities		165,754.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	206,035.
3	Subtract line 2e from line 1			3	5,862,099.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,379.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	35,379.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,897,478.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With B	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	6,057,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	165,754.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	165,754.
3	Subtract line 2e from line 1			3	5,892,162.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			_	· ·
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,379.		
b	Other (Describe in Part XIII.)		,		
	Add lines 4a and 4b	·· • • •		4c	35,379.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18.</i>)			5	5,927,541.
-	t XIII Supplemental Information.			5	•,•=•,•==
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	,		; Part X, line 2; I	Part XI,
PARI	V, LINE 4:				
THE	INTENDED USE OF ENDOWMENT FUNDS IS FOR OPERATIONS, PROGRAMS A	ND			
SCHO	LARSHIPS. THE PERMANENT ENDOWMENT FUNDS CANNOT BE USED FOR TH	IE			
PURE	OSES MENTIONED UNLESS GRANTOR AUTHORIZES SUCH USE.				

30

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501

(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

232054 09-01-22

Schedule D (Form 990) 2022

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 YEARS 2020, 2021 AND 2022 ARE SUBJECT TO EXAMINATION

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

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, d	or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 c						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	<u>ו.</u>	Employer i	dentification number
Nume of the organization		F WOMEN'S FOUNDATION					86-0762	
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-I	EZ filers are not
	complete this part				, , , , ,			
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	-	Y	es 🗌 No be
	asi \$5,000 by the	organization.						-
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by fundraiser red in col. (i)	
			Yes	No				
Total			<u></u>					
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

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.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events		
						(d) Total events (add col. (a) through	
	E E		FASHION GALA	GOLF TOURNAMENT	1	col. (c)	
đ			(event type)	(event type)	(total number)		
nue							
Revenue	1	Gross receipts	2,070,100.	420,160.	407,626.	2,897,886.	
		Less: Contributions	1,908,964.	445,738.	433,528.	2,788,230.	
	3	Gross income (line 1 minus line 2)	161,136.	-25,578.	-25,902.	109,656.	
	4	Cash prizes					
Direct Expenses	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages	161,136.	25,782.	27,930.	214,848.	
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through				214,848.	
	11	Net income summary. Subtract line 10 from li				-105,192.	
Pa	art I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than		
nue		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue			105,192.	105,192.	
S	2	Cash prizes					
penses	3	Noncash prizes					

5 Other direct expenses % X Yes 100 % Yes Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 105,192. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: AZ X No **a** Is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain: THE ORGANIZATION IS EXEMPT FROM LICENSING IN ARIZONA (ARS

13-3302).

Rent/facility costs

232082 10-27-22

Direct Ex

4

Schedule G (Form 990) 2022

X

Sch	nedule G (Form 990) 2022 FRESH START WOMEN'S FOUNDATION	86-0762	2610	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12				
	to administer charitable gaming?	C	Yes	X No
13	Indicate the percentage of gaming activity conducted in:			
i	a The organization's facility	1	3a	%
	b An outside facility		3b 1	00.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name CYNTHIA EHLERS			
	Address 1130 E. MCDOWELL ROAD - PHOENIX, AZ 85006			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
I	b If "Yes," enter the amount of gaming revenue received by the organization \$	nt		
	of gaming revenue retained by the third party \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
	//dd/000			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation \$			
	Gaming manager compensation \$			
	Description of services provided			
	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			
	in the state number linear 0	Г	Voc	X No
	retain the state gaming license?			
1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e		
Pa	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dort III	lines 0	06 106
1 6		a Part III	, lines 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
2320	883 10-27-22 Sc	chedule	G (Form	990) 2022
	34			

Part IV	Supplemental Information	on (continued)		
				Schedule G (Form 990)
232084 04-01-	-22			

07301213 143399 181681

SCHEDULE I			irants and Oth					OMB No. 1545-0047	
(Form 990)			vernments, an					2022	
Department of the Treasury Attach to Form 990. The Attach to Form 990. Attach to Form 990.									
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organizat								Employer identification number	
Part I General I	FRESH START WO		ION					86-0762610	
	zation maintain records t		amount of the grante	or assistance, the	arantaaa' aligibility	for the grapte or easi	tance and the colocti	on	
•	award the grants or assis		•		• • • •	÷			
	IV the organization's pro								
	d Other Assistance to					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	
	hat received more than \$	1	-		1	(f) Method of			
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

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	37	35,812.	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.

(Form 990) For cotain Officers, Directors, Trustees, Key Employees, and Highest Complete If the organization answered "Yes" on Form 90, Part IV, line 23. Attach to Form 90. On to www.irs.gov/Erm990 for instructions and the latest information. 20022 Detection of the instruction and the latest information. Part IV, Succeen A, Succ	SC	HEDULE J	Compensation Information		OMB No. 1545-0047						
Complete If the organization Complete If the	(Fo	rm 990)			2022						
Control Cold to wave insign of the instructions and the latest information. Impection Name of the organization PESE START WOKEN'S POUNDATION Employer identification number 86-0762610 Part II Questions Regarding Compensation ************************************											
Name of the organization Employer identification number PAEH START WOMEN'S FOUNDATION Employer identification number 86-0762510 Part I Questions Regarding Compensation Yes No Image: Start WOMEN'S FOUNDATION 86-0762510 Image: Start WOMEN'S FOUNDATION 86-0762510 Image: Start WOMEN'S FOUNDATION Part III to provide any of the following to or for a person listed on Form 990, Part WI, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Image: Start WI, Section A, line 1a, complete Part III to provide any relevant information regarding these items. Image: Start WI, Section A, line 1a, Start WOMEN'S FOUNDATION Image: Start WI, Section A, line 1a, start the organization follow a written policy regarding payment or relinbursement or provision of all of the expenses described above? If "No', complete Part III to explain 1b Image: Start WI, Section A, line 1a, with respective Director, regarding the tems checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation committee 1b 2 Image: Start WI, Section A, line 1a, with respect to the filing organization or a related organization? 3a payment form a supplemental nonqualified retirement plan? 4a X Image: Start WI, Section A, line 1a, did the organization pay or accrue any compensation contingent on the netwarusto? 5b X <											
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a latisplate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6a X 6b X if "Yes" on line 6a or 6b, describe in Part III. 6a X 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 7 X	а	Receive a severand	e payment or change-of-control payment?		. 4a		X				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X f "Yes" on line 5a or 5b, describe in Part III. 5b X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X f "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X g Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X g If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 X	b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		X				
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? b Any related organization? b Any related organization? contingent on the net earnings of: 6a a The organization? b Any related organization? fit "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption	с	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4c		х				
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? The organization? Any related organization? The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 		If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? The organization? Any related organization? The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 											
contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1											
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1	5			on							
 b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 		-			-		v				
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		-									
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any an line 8, did the organization also follow the rebuttable presumption procedure described in 	a				50						
contingent on the net earnings of: Image: Contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	e			'n							
a The organization? 6a X b Any related organization? 6b X lf "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Image: Contract Contregin Contregin Contract Contract Contract Contract Co	0			511							
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in X X	•	-	-		63		x				
If "Yes" on line 6a or 6b, describe in Part III. 7 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in											
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	5				05						
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1	7		-	3							
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	•	•			7		x				
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8										
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-				8		x				
	9										
Regulations section 53.4958-6(c)?	-				9						
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2022	LHA				ie J (Forn	n 990)) 2022				

232111 10-18-22

Schedule J (Form 990) 2022

86-0762610

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

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

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

	(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KIMBERLY MCWATERS	(i)	172,851.	0.	0.	0.	10,679.	183,530.	0.
PRESIDENT/CEO	(ii)	Ο.	0.	٥.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022
Open to Public
Inspection

Employer identification number

86-0762610

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.

Name of the organization

FRESH	START	WOMEN	's	FOUNDATION

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	 S
	Aut Manles of out			Form 990, Fait Vill, line Tg				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	8	316,592.	STOCK QUOTE			
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								
16 17	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 (AUCTION ITEMS)	Х	2	700.	FAIR VALUE			
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization	ation during	the tax year for c	ontributions				
	for which the organization completed Form 828	-					0	
		0, 1 art v, D	onee / totthe wiedg			1	Yes	No
302	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28. that it		103	
3 0a								
	must hold for at least 3 years from the date of the					00-		х
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.	- P P		f			v	
31	Does the organization have a gift acceptance po				ions?	31	X	
32a	Does the organization hire or use third parties o	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							
I HA	For Paperwork Reduction Act Notice, see t	he Instruct	tions for Form 990).	Schedule M	M (Form	n 990)	2022

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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2022.05010 FRESH START WOMEN'S FOUND 181681_1

86-0762610

SCHEDULE	0
(Form 990)	

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



Employer identification number 86-0762610

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

FRESH START WOMEN'S FOUNDATION PROVIDES EDUCATION, RESOURCES AND

SUPPORT FOR WOMEN TO POSITIVELY TRANSFORM THEIR LIVES AND STRENGTHEN

FRESH START WOMEN'S FOUNDATION

OUR COMMUNITY.

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

THE MISSION OF FRESH START DISRUPT CYCLES OF INTERGENERATIONAL POVERTY.

THE WOMEN WE SERVE ARE UNEMPLOYED OR UNDER-EMPLOYED WORKING IN LOW-WAGE

JOBS WITHOUT FINANCIAL STABILITY, MOST ARE MOTHERS ESCAPING DOMESTIC

ABUSE AND TRAUMA. MANY ARE SINGLE MOMS WHO STRUGGLE TO PROVIDE FOR

THEIR CHILDREN AND TO COVER BASIC NEEDS LIKE FOOD AND HOUSING.

FRESH START'S IMPACT PROGRAM HELPS WOMEN DEVELOP A PERSONALIZED PATH

OUT OF POVERTY AND ACROSS THE BRIDGE TO SELF-SUFFICIENCY. THE

SCIENCE-BASED AND EVIDENCE INFORMED MODEL PROVIDES HOLISTIC WRAP-AROUND

SERVICES ACROSS FIVE KEY PILLARS OF A WOMAN'S LIFE AND EMPOWERS HER TO

ACHIEVE GOALS AND BEHAVIORAL CHANGES NECESSARY TO REACH AND SUSTAIN

ECONOMIC MOBILITY AND INDEPENDENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INTERPERSONAL SKILLS AND GROWTH, GOAL SETTING, RESILIENCY, AND A WIDE

VARIETY OF OTHER PERSONAL AND PROFESSIONAL EDUCATION TOPICS. THESE

WORKSHOPS, AND WEBINARS ARE FACILITATED BY HIGHLY TRAINED CLASSES

STAFF AND INSTRUCTORS, ALONG WITH COMMUNITY PROFESSIONALS AND EXPERTS,

THERE WERE OVER 7,175 WORKSHOP ATTENDEES THIS YEAR, WHO REPORTED A 93%

OVERALL SATISFACTION RATE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 43

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number
FRESH START WOMEN'S FOUNDATION	86-0762610
FRESH START OFFERS UNIQUE SCHOLARSHIP OPPORTUNITIES AND ACCESS TO	
TRAINING PROGRAMS FOR OUR CLIENTS WHO ARE EAGER TO PURSUE THE NEXT	
LEVEL OF THEIR EDUCATION AND CAREER GOALS. THIS LAST YEAR, 222 WOMEN	
ENROLLED IN A CAREER TRAINING OPPORTUNITY. FRESH START AWARDED A TOTAL	
OF \$35,812 FOR CAREER AND WORKFORCE DEVELOPMENT, EMPOWERING WOMEN TO	
GAIN THE SKILLS NECESSARY TO THRIVE IN A NEW CAREER. FRESH START	
COLLABORATES WITH NUMEROUS EMPLOYERS IN THE VALLEY, INCLUDING INTEL,	
CVS, AND JP MORGAN CHASE TO PROVIDE WOMEN ACCESS TO CAREER	
OPPORTUNITIES IN TODAY'S TOP INDUSTRIES.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
SOCIAL WORK SERVICES ARE THE BACKBONE OF FRESH START, SUPPORTING WOMEN	
AS THEY OVERCOME HURDLES AND ACHIEVE THEIR GOALS AND DREAMS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
FAMILY STABILITY SERVICES: FAMILY STABILITY HELPS WOMEN NAVIGATE	
ARIZONA'S COMPLICATED LEGAL SYSTEM AND COURT PROCESS, SUPPORTING	
CLIENTS THROUGH DIVORCE, SEPARATION, ORDERS OF PROTECTION, CHILD	
CUSTODY AND CHILD SUPPORT, AND ALL OTHER FAMILY LAW ISSUES. FAMILY LAW	
SUPPORT STAFF CONDUCTED 1,348 INDIVIDUAL SESSIONS WHICH PROVIDED WOMEN	
WITH LEGAL INFORMATION AND ASSISTANCE WITH DOCUMENT REVIEW AND/OR	
DOCUMENT PREPARATION FOR THEIR DIVORCE OR FAMILY LAW MATTERS. OUR	
FAMILY LAW INFORMATION SESSIONS BREAK DOWN THE BASIC TERMINOLOGY AND	
PROCESS OF A FAMILY LAW COURT. WOMEN CANNOT BECOME SELF-SUFFICIENT WITH	
FAMILY LAW LEGAL ISSUES HOLDING THEM BACK; FAMILY LAW SUPPORT HELPS	
REMOVE THIS BARRIER BY EQUIPPING WOMEN WITH APPROPRIATE KNOWLEDGE AND	
AFFORDABLE DOCUMENT PREPARATION.	

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Schedule O (Form 990) 2022 Name of the organization	Page : Employer identification number
FRESH START WOMEN'S FOUNDATION	86-0762610
FINANCIAL MANAGEMENT SERVICES: FRESH START OFFERS FINANCIAL LITERACY	
WORKSHOPS AND ONE-ON-ONE FINANCIAL COACHING. THESE SESSIONS INCLUDE	
TOPICS SUCH AS: BUDGETING, HEALTHY MONEY HABITS, BILL MANAGEMENT, RENT	
& LEASE ASSESSMENT, CREDIT SCORES AND REPORTING, CREDIT CARD USE AND	
HOME OWNERSHIP. OF WOMEN SERVED IN FY23 87% OF FY23 CLIENTS HAD LOW TO	
MODERATE INCOME WITH MORE THAN 50% REPORTING LESS THAN \$25K HOUSEHOLD	
INCOME.	
EXPENSES \$ 90,961. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
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.	
PATRICIA PETZNICK AND MARY UPCHURCH HAVE A BUSINESS RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE RETURN IS	
REVIEWED BY THE CHIEF FINANCIAL OFFICER, PRESIDENT/CEO AND FINANCE	
COMMITTEE CHAIR. BEFORE ITS FILED WITH THE IRS, EACH BOARD MEMBER RECEIVES	
A COMPLETE COPY OF FORM 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AT THE END OF EACH CALENDAR YEAR, EVERY INTERESTED PERSON, INCLUDING BOARD	
OFFICERS, DIRECTORS AND OTHER DISQUALIFIED PERSONS, RECEIVE A QUESTIONNAIRE	
WHICH EVALUATES ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST. EACH	

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Schedule O (Form 990) 2022

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CONFLICTS OF INTEREST.

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

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 DECEMBER 2022.

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.

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