OMB No. 1545-1150

2017

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

AF	or the	2017 calenda	ar year, or tax year beginning, 2017, a	nd ending		, 20	
В	Check if ap	plicable	C Name of organization 24		D Employer id	lentification number	?;
	Address ch	hange	Starting Over Again A Chauce To Do Better Re En	tou Cente	┡	471917660	
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone r	number	
=	Instial retur		820 Cornell St		Į.		8
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Ch	F Group Exe	emption	
=	Amended in Application		Youngstown, Oh 44502		Number	·	<i>[;</i> [,
_		ing Method:	✓ Cash Accrual Other (specify)	Н	Check ▶ 🗸	If the organization is	not '
	Nebsite:	•		\ '''		tach Schedule B	?:
			eck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or	□527		0-EZ, or 990-PF).	_
		organization			·		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if tota	lassets		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		> .		
	art I	• •	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instruction	s for Part I)	
	arti		the organization used Schedule O to respond to any question in				\Box
2.	1		ons, gifts, grants, and similar amounts received	i diisi diti	· · · · ·		130
?:	. 1				. 2	3	130
?:		-	ervice revenue including government fees and contracts		3		
			nip dues and assessments		· -	FOLIVI	ED
?1	1 _	Investmen			47	RECEIV	
	5a		ount from sale of assets other than inventory 5a				- 10
	b		or other basis and sales expenses			AUG 20	2018
	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line of the decision assets	5c	1001		
	6	_	nd fundraising events		2050	TII	
a	a		come from gaming (attach Schedule G if greater than		OGDEN	<u> </u>	
Ž	١.		6a		<u>\$\$</u>	-	
Revenue	b						
æ	1		raising events reported on line 1) (attach Schedule G if the				
	l		ch gross income and contributions exceeds \$15,000)				
	C		ct expenses from gaming and fundraising events 6c		btract		
	1		ne or (loss) from gaming and fundraising events (add lines 6a and	6b and su	btract 🚉		
	}	line 6c)			· 6d		
	7a		es of inventory, less returns and allowances				
	b		of goods sold		\$\langle \frac{1}{2}	1	
	C	•	fit or (loss) from sales of inventory (Subtract line 7b from line 7a) .				
	8		enue (describe in Schedule O)				
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			3	130
	10	Grants and	d similar amounts paid (list in Schedule O)		10	<u> </u>	
	11	Benefits p	aid to or for members		11	1	374
es	12	Salaries, o	other compensation, and employee benefits 🔞		12		
SL	13	Profession	nal fees and other payments to independent contractors 🌃		13		
Expense	. 14	Occupano	ry, rent, utilities, and maintenance		14		72
ū	15	Printing, p	ublications, postage, and shipping		15		_
	16		enses (describe in Schedule O) 🌃				965
	17		enses. Add lines 10 through 16			2	411
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18		719
ě	19		s or fund balances at beginning of year (from line 27, column (A))				
188	1		ar figure reported on prior year's return)				553
Net Assets	20	=	nges in net assets or fund balances (explain in Schedule O)				
ž	21		s or fund balances at end of year. Combine lines 18 through 20			1	272

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

Cat. No. 106421

rom s	190-EZ (4	2017)						Page Z
Par	t II	Balance Sheets (see the						
		Check if the organization	used Schedule	O to respond to an	y question in this	(A) Beginning of year	•	(B) End of year
	Caal	h course and investments			ŀ	(A) Beginning of year 553	22	1272
22 23		h, savings, and investments d and buildings					23	12/2
24		er assets (describe in Schedu				· ···· <u>·</u>	24	
25		al assets	•			553	_	1272
26		al liabilities (describe in Scho					26	
27	Net	assets or fund balances (lin	ne 27 of column	(B) must agree with	line 21)	553	27	1272
Par	100	Statement of Program S	•	•		,		_
		Check if the organization			ny question in this	Part III	(Be	Expenses equired for section
What	t is the	organization's primary exem	npt purpose?	Re-entry			501	1(c)(3) and 501(c)(4)
		ne organization's program se					_	janizations; optional for iers.)
		ed by expenses. In a clear nefited, and other relevant in			services provide	a, the number of		,
28		on's recreational program		5.1 p. cg. c	 		_	T
								1
)
?1	(Grant	ts\$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28	a 1374
29								
	(Cropt		\ If this amount	noludos foreign gra	nto about horo		29:	
30	(Grant			ıncludes foreign gra			28	a
-								ļ
	(Grant	ts \$) If this amount	includes foreign gra	nts, check here .	▶ □	30	а
31	Other	program services (describe	•					
	(Grant	ts \$) If this amount	includes foreign gra	nts, check here .	▶ □	31	a
		program service expenses					32	
Par	t IV	List of Officers, Directors, T Check if the organization					nstru	uctions for Part IV)
		Check if the organization	used Scriedule		(c) Reportable		÷	<u> L</u>
		(a) Name and title		(b) Average hours per week	compensation (Forms W-2/1099-MIS(contributions to employ benefit plans, and		Estimated amount of other compensation
				devoted to position	(if not paid, enter -0-)			outer compensation
₹оу	Austin			20		1		
				20		0	0	
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	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart V., Orieck if the organization used concedure of to respond to any question in this	7 470	Yes	No
33 `	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O (see instructions)	34	<u> </u>	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		~
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b 40a	Initiation fees and capital contributions included on line 9			*
ь	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			,
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	. ,	* ./	-
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ Ohio			
42a	The organization's books are in care of ▶ Roy Austin Telephone no. ▶			
	Located at ► 820 Cornell St Yo. OH At any time during the calendar year, did the organization have an interest in or a signature or other authority over	44	502	
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
С	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. (▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
b	completed instead of Form 990-EZ	44a		/
•	completed instead of Form 990-EZ	44b 44c		7
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		7
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1	

							Yes	No
	Did the organization engage, directly or in to candidates for public office? If "Yes," of						-	~
ırt V	Section 501(c)(3) organizations All section 501(c)(3) organization	only					for line	
	50 and 51. Check if the organization used Scl	hedule O to respond	I to any question in th	nis Part VI				
						. ,	Yes	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	tll				. 47		,
	Is the organization a school as described in							-
	Did the organization make any transfers to If "Yes," was the related organization a se	•	-					Y
	Complete this table for the organization's						.L _	d ke
	employees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, an compensa	employee d deferred	(e) Estima other co	ted amor	
			None		None			Non
			}	1				
		(
1	Total number of other employees paid ov Complete this table for the organization	's five highest compe	ensated independent	contractors v	who each	receive	d more	tha
		's five highest compe anization. If there is no	ensated independent			receive		tha
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ensated independent one, enter "None."					
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ensated independent one, enter "None."					
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ensated independent one, enter "None."					
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ensated independent one, enter "None."					
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ensated independent one, enter "None."					
	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent	's five highest compe anization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv					
d	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv	ice	(c)	Compensa	tion	No
d ?	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Scheduling (b) \$100,000 of compensation complete Scheduling (c) \$100,000 of compensation complete Scheduling (c) \$100,000 of compensation complete Scheduling (c) \$100,000 of compensation from the organization complete Scheduling (c) \$100,000 of compensation from the organization complete Scheduling (c) \$100,000 of compensation from the organization complete Scheduling (c) \$100,000 of compensation from the organization complete Scheduling (c) \$100,000 of compensation from the organization complete Scheduling (c) \$100,000 of c) \$100,000 of compensation from the organization complete Scheduling (c) \$100,000 of c) \$100,000 of compensation from the organization from the organization complete Scheduling (c) \$100,000 of c) \$100,000 of compensation from the organization f	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All serverum, including accompanies.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations mus	st attach	Compensa	tion s v	Nor
d ?	Complete this table for the organization \$100,000 of compensation from the organization complete Schedule A	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All serverum, including accompanies.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations mus	st attach	Compensa	tion s v	Nor
d er pe	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization said from the organization of each independent contraction. Total number of other independent contraction from the organization complete Scheducompleted Schedule A	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All serverum, including accompanies.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations mus	st attach	Compensa	tion s v	Nor
d 2 ler pe	Complete this table for the organization \$100,000 of compensation from the organization of preparer (other than the organization complete Schedule A complete Schedule A complete Schedule A complete Declaration of preparer (other than the organization other than the organization of preparer (other than the organization other than the organization other than the organization of preparer (other than the organization other than the organiza	actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations mus	st attach	Compensa A .▶□ Ye owledge ar	tion s v	Nor
d 2 ler pe , com	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization from the organization of the organization complete Schedule A	actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations mus	st attach	Compensa	s V	Non

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

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OMB No 1545-0047

Employer identification number Name of the organization 47 19 17 660 EIVE Starting Over Again A Chance To Do Better Re Entry Center Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) AUG 2 0 2018 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) instructions) instructions Yes No (A) (B) (C) (D) (E)

Total

Schedu	16 74 (1 G1111 GGG G1 GGG E2) 2011						
Part	Support Schedule for Organiza						
	(Complete only if you checked the Part III. If the organization fails to						under
Socti	on A. Public Support	quality unde	i the tests ha	ited below, p	lease comple	ran III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	10) 2014	10) 2013	(a) 2010	(e) 201/	(i) Total
•	membership fees received. (Do not	1		1			
	include any "unusual grants.")				740	3130	3870
2	Tax revenues levied for the						
-	organization's benefit and either paid		'		· ·	1	
	to or expended on its behalf					1	
3	The value of services or facilities						
-	furnished by a governmental unit to the					1	
	organization without charge					[
4	Total. Add lines 1 through 3				// 740	3130	3870
5	The portion of total contributions by				1		
	each person (other than a						
	governmental unit or publicly					<u> </u>	
	supported organization) included on]	!	
	line 1 that exceeds 2% of the amount]]	
	shown on line 11, column (f)			/			
6	Public support. Subtract line 5 from line 4	L	<u>L</u>	L/	L	ll	3870
	ion B. Total Support		· · · · · · · · · · · · · · · · · · ·			T	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014 //	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	 	 	 	740	3130	3870
8	Gross income from interest, dividends,			}	}]	
	payments received on securities loans, rents, royalties, and income from	ļ	/	}	}]	
	similar sources	}	/	1	}	}	
9	Net income from unrelated business		/	 -	 	 	
3	activities, whether or not the business	[l		!	
	is regularly carried on	}	/	ł		}	
10	Other income. Do not include gain or				1		
	loss from the sale of capital assets		ì	f		1	
	(Explain in Part VI.)	/	i	ł	1	1	
11	Total support. Add lines 7 through 10						3870
12	Gross receipts from related activities, etc	. (see instruction	ons)		• • • •	12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re ./	<u> </u>	<u> </u>	<u> </u>	<u> </u>	> 🗸
Sect	ion C. Computation of Public Support					,	
14	Public support percentage for 2017 (line					14	<u>%</u>
15	Public support percentage from 2016 Sci					15	%
16a							
	box and stop here. The organization qua						
Ь	331/3% support test—2016. If the organithis box and stop here. The organization						
	•			_			
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization means the 'Part VI how the organization meets the '						
	organization						
_	•						- -
ь							
	15 is 10% or more, and if the organization resplain in Part VI how the organization responses						
	supported organization						
18	Private foundation. If the organization d						
10	instructions						

Part II 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u></u>	<u> </u>		740	3130	3870
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1	\	1 1	1	
	furnished in any activity that is related to the		1	1] [
	organization's tax-exempt purpose		ļ	ļ	 		
3	Gross receipts from activities that are not an		ł	ł	1	ŀ	
	unrelated trade or business under section 513		ļ		 		
4	Tax revenues levied for the organization's benefit and either paid to		Ì		1	į	
	or expended on its behalf		1	J	1 1	J	
5	The value of services or facilities						
•	furnished by a governmental unit to the		ł	•	}	1	
	organization without charge		ł	ł	1	}	
6	Total. Add lines 1 through 5				740	3130	3870
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		\	[1	[
	persons that exceed the greater of \$5,000	ļ	1	}	1	}	
	or 1% of the amount on line 13 for the year		ļ		 		
	Add lines 7a and 7b			 	ļ — · · · · · · · · · · · · · · · · · ·		
8	Public support. (Subtract line 7c from					1	2070
Socti	on B. Total Support	l			L		3870
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2014	(6) 2010	740	3130	3870
10a	Gross income from interest, dividends,		 	 	 		
	payments received on securities loans, rents,	}			1	}	
	royalties, and income from similar sources .	1	}	l	}	}	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ł		<u> </u>	1	ť	
	acquired after June 30, 1975						
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business	1	1	<u> </u>	, ,		
	activities not included in line 10b, whether	}	J		,	ļ	
	or not the business is regularly carried on			ļ			
12	Other income. Do not include gain or	1	1			}	
	loss from the sale of capital assets (Explain in Part VI.)	ł			}	ı	
13	Total support. (Add lines 9, 10c, 11,		 	 -	 		
	and 12.)	(740	3130	3870
14	First five years. If the Form 990 is for t	he organizatio	n's first, secor	nd, third, fourth			
	organization, check this box and stop he	•					
Sect	on C. Computation of Public Suppo	rt Percentag	ge				
15	Public support percentage for 2017 (line					15	%
_16	Public support percentage from 2016 Sc					16	%
	ion D. Computation of Investment In						
17	Investment income percentage for 2017	-				17	%
18	Investment income percentage from 201					18	%
19a	331/2% support tests—2017. If the organ 17 is not more than 331/2%, check this box						
	33¹a% support tests—2016. If the organi					_	
p	line 18 is not more than 3312%, check this						
20	Private foundation. If the organization d						
20	ato iounidadon. Il the organization o	HOL CHECK &	. 30% 011 1110 14	., , , , , , , , , , , , , , , , , , ,	una DOX	JOO 11134 UC	