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Print Form

O-271-22 (as amended)

### **NEIGHBORHOOD DEVELOPMENT FUND** Not-for-Profit Transmittal and Approval Form

Applicant/Program: Dress for Success Louisville, Inc./Program operating cost and cargo van purchase/mainterance Applicant Requested Amount: \$20,000 Appropriation Request Amount: \$2.000 \$9,050

\$13,550

**Executive Summary of Request** 

Funding to purchase cargo van and one year of maintenance and operating costs for mobile career development outreach to schools and social service organizations serving disadvantaged women and youth in Jefferson County, Kentucky.

ls this program/project a fundraiser?	Yes No
Is this applicant a faith based organization?	Yes X No
Does this application include funding for sub-grantee(s)?	Yes X No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

9/2/2022

District #

Primary Sponsor Signature

2000 Amount

09/02/2022 Date

#### **Primary Sponsor Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by: Rind Brokenly	9/15/2022
Appropriations Committee Chairman	Date
Final Appropriations Amount:	

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#### **Applicant/Program:**

Dress for Success Louisville, Inc. Cargo Van, One-Year Van Maintenance, and Program Operating Costs

## **Additional Disclosure and Signatures**

**Additional Council Office Disclosure** 

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

#### **Council Member Signature and Amount**

District 2 Barbar Sh	\$ <u>500</u>
District 2 Barbar Sh	\$ <u>500</u>
District 3 keisha Dorsey	\$ <u>500</u>
District 4 Juona Purino	\$ <u>1,000</u>
District 5 Donna Puruno	\$ <u>1,000</u>
District 6	\$
District 6 District 7	<b>\$</b> _2,000
District 8	
District 9 District 10 Earmon PAMille	\$
District 10 Camon PANLille	\$_250
District 11	\$
District 12	\$
District 13 Mark Fox	\$_ <u>500</u>
District 14 <u>Lindi Fowler</u> District 15 Tupla	
District 15 The The District 15	\$_ <u>500</u>

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#### Applicant/Program:

Dress for Success Louisville, Inc. Cargo Van One-Year Van Maintenance, and Program Operating Costs

### **Additional Disclosure and Signatures**

#### Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 Scott Reed	\$_500
District 17	\$ <u>500</u>
District 18 Marlythm	<b>\$</b> _500
District 19 <u>Anthony Piagentini</u>	\$ <u>500</u>
District 20 Slend Baer	\$ <u>500</u>
District 21 Mole George	\$ <u>250</u>
District 22 Robin J Engel	\$
District 23 James Peden	\$300
District 24 Madonna Flood	\$ <u>500</u>
District 25 Amy Holton Stewart	\$ <u>500</u>
District 26	\$
3   Page	

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Legal Name of Applicant Organization Dress for Success Louisville, Inc.	
Program Name and Request AmountDress for Success Louisville, Inc. Cargo Van \$20,000 One-Year Van Maintenance, and Program Operating Costs	
One-Year Van Maintenance, and Program Operating Costs	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	No
s the application properly signed and dated by authorized signatory?	Yes
s proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the egal responsibility of that taxing district?	N/A
Is the entity in good standing with: <ul> <li>Kentucky Secretary of State?</li> <li>Louisville Metro Revenue Commission?</li> <li>Louisville Metro Government?</li> <li>Internal Revenue Service?</li> <li>Louisville Metro Human Relations Commission?</li> </ul>	Yes
s the current Fiscal Year Budget included?	Yes
s the entity's board member list (with term length/term limits) included?	Yes
s recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
s the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes
s the most recent annual audit (if required by organization) included?	N/A
s a copy of Signed Lease (if rent costs are requested) included?	N/A
s the Supplemental Questionnaire for churches/religious organizations (if requesting organization is aith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
s the IRS Form W-9 included?	Yes
s the IRS Form 990 included?	Yes
are the evaluation forms (if program participants are given evaluation forms) included?	Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if equired to do so)?	Yes
As the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards?	Yes
Prepared by: Megan Metcalf Date: 09/02/2022	,

		SECTION 1 - APP	LICANT INFORMATION	
Legal Name of Applica	int Organ	lization:		
		usiness/records Dress for		
Main Office Street & N	/lailing A	ddress: 913 East Main	n Street, Suite 101B, I	Louisville, KY 40206
Website: louisville.dr	essforsu	ccess.org		
Applicant Contact:	Monet	Becker	Title:	Executive Director
Phone:	(502) 5	84-8050	Email:	monet@dfslou.org
Financial Contact:	Monet	Becker	Title:	Executive Director
Phone: (502) 584-8050 Email: monet@dfslou.org				monet@dfslou.org
Organization's Represe	ntative	who attended NDF Trai	ning: Monet B	echer
		LAREA(S) WHERE PROC	FRAM ACTIVITIES ARE (	WILL BE) PROVIDED
<b>Program Facility Locati</b>	on(s):	Mobile Career Cente	er - all districts	
Council District(s):		All Districts	Zip Code(s):	All Louisville Metro Zip Codes
		)N 2 – PROGRAM REQU		
PROGRAM/PROJECT N	AME: Dr	ess for Success Mobil	e Career Center for V	Vomen and Youth Carop Va
Total Request: (\$)	\$ 20,000	.00 Total Metro A	ward (this program) in	
Purpose of Request (ch				
		rally cannot exceed 33%		
		events for direct benef		
Capital Project	t of the o	rganization (equipment	, furnishing, building, et	tc)
The Following are Requ	ired Atta	chments:		
RS Exempt Status Deter	mination	Letter	Signed lease if rent c	osts are being requested
Current year projected b	oudget		IRS Form W9	
Current financial statem	ent		Evaluation forms if u	sed in the proposed program
Most recent IRS Form 99	00 or 1120	I-H	🗌 Annual audit (if requi	red by organization)
Articles of Incorporation			Faith Based Organizat	tion Certification Form, if applicable
Cost estimates from prop capital expense	posed ver	dor if request is for		
overnment for this or a	ny other	program or expense, in	cluding funds received t	eived from Louisville Metro through Metro Federal Grants, ent Funds). Attach additional
ource: N//	4		Amount: (\$)	NA
ource: N//	4		Terrenders and a second sold fill of the of Charleston	NIA
ource: N//	ł		the second s	N/R
as the applicant contact	ed the Bi		<ul> <li>All second se second second seco</li></ul>	No
		arity Review Standards?		

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Applicant's Initials MB

SECTION 31- AGENCY DETAILS.

#### **Describe Agency's Vision, Mission and Services:**

Dress for Success Louisville's mission is to empower women to achieve economic independence by providing a network of support, professional attire, and development tools to help them thrive in work and in life.

Dress for Success Louisville's vision is a world where women do not live in poverty, are treated with dignity and respect, and are strengthening their families and shaping their communities.

While Dress for Success Louisville's focus is on serving disadvantaged women throughout Kentuckiana, we have repeatedly received and continue to fulfill requests to serve youth and the LGBTQ+ community as well.

Dress for Success Louisville offers free, wrap-around career development programs for women and youth throughout Kentuckiana through professional styling, skills trainings, mentorship opportunities, financial literacy classes, networking workshops, and mobile services. Since 2000, we have equipped and empowered over 18,000 clients in Kentuckiana with the clothing, confidence, and community that has helped them to embrace their identities, find and retain meaningful employment, and break the cycle of poverty. Dress for Success Louisville is an incredible asset to Kentuckiana's women, families, workforce, and economy -- offering tangible resources and genuine support for our region's most disadvantaged women and youth and creating avenues for them to break free from cyclic poverty and create new lives.

We actively collaborate with a continually expanding and diverse group of non-profits and government agencies — Including homeless shelters, LGBTQ+ organizations, immigration services, youth programs, schools, job training programs, non-traditional educational institutions, and domestic violence shelters, among many others — to refer clients to our organization when they are in need of a job or once they have secured a job interview, internship, or life event (i.e., court dates for family reunification). Through offering suiting, career counseling, skills training, and professional development opportunities, DFSL is able to grow and advance the women's workforce in Kentuckiana and support women in every facet of their careers.

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Board Member	Term End Date
Renee Nadeau	07/01/2023
Rachel Guttstein	08/01/2024
Bansari Mehta	07/01/2024
Dailas Cheatham	02/01/2023
Veronica Hiriams	10/01/2023
Diane Isdith	07/01/2024
Jennifer Leibson	11/01/2023
Paris Parada	09/01/2023
PJ Richter	12/01/2023
Allison Jamison Woosley	12/01/2023
Tara Guptill	02/01/2025
Courtney Lewis	02/01/2025
Alyssia Jones	03/01/2025
Hayley Grant	04/01/2025
Christi Vandersyde	06/01/2025

#### Describe the Board term limit policy:

The Board of Directors shall consist of not less than three (3) individuals, nor more than twenty three (23) individuals. Two of the slots shall be reserved for referring agency representatives selected by the board. The directors will be elected for the ensuring year at the corporation's annual meeting and they shall serve for a term of three years, not to serve more than two consecutive three year terms.

\$ 65,000.00
\$ 41,160.00
\$ 39,200.00

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SELTION 5 - PROGRAM/PROJECT MARRATEME
A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):
Dress for Success Louisville's Mobile Career Center program was initially launched in 2018 and has since become widely popular throughout Louisville Metro.
The Mobile Career Center program is a free, mobile career development resource offered to women, teens, and LGBTQ individuals across Kentuckiana via a 31-foot RV equipped with a boutique, computer lab, and dressing rooms. Through this program, we are able to travel across all districts in Louisville Metro ando provide skill building workshops and professional attire to those without access or with severe transportation limitations.
Over the past year, we have continued to receive multiple weekly inquiries for us to visit more schools and social service organizations serving disadvantaged women and youth throughout Kentuckiana. Only having one vehicle that is booked months in advance and offers limited space to house youth supplies and equipment places a strain on our ability to reach all the women and youth that we could otherwise reach. Thus, we are seeking to expand our fleet and add on one additional vehicle beginning in late 2022/early 2023 - a Ford Transit Connect XL Cargo Van.
B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): Funding will be spent in the following manner: - to aid in the purchase of the Cargo Van (\$10,000)
and
- to aid in the operation of the operating and maintenance costs of the Cargo Van (\$10,000 for oil changes tire rotations, gasoline to power the vehicle, registration, regular maintenance, etc. induding \$5,000 for program meteriels
Addendum to Application Submitted on 8/8/2022:
Addendum to Application Submitted on 878/2022. Any funds received from Louisville Metro will be spent in Jefferson County for Dress for Success Louisville programming use in solely Jefferson County for workforce development for disadvantaged women and teens throughout all Louisville Metro districts. The \$10,000 for operating costs will include \$5,000 for In-town travel and \$5,000 for program materials.
Submitted by Monet Becker, Executive Director - September 2022

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N/A	aiser, please detail hov	a me hineccia Will	ne sheur:		
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For Expenditure Relmbur ends on June 30 of Metro	o fiscal year in which th	e grant is approved	I. If any part of	this funding re	oproval date
ds to be spent before the	grant award period, ide	entify the applicable	e circumstance	::	
The funding request is a	reimbursement of the	following expenditi	ures that will pr	obably be incu	rred after th
The funding request is a application date, but price	r to the execution of th	ne grant agreement			
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Effective May 2016

Applicant's Initials MB

. . . . . . . . . . . . .

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

This program will address a broad range of vocational skills, training, and tangible needs necessary for women and teens to be successful in transitioning to adulthood and developing/advancing their careers, including but not limited to:

- On-site professional styling for employment, interviews, internships, & graduations

Professional Skill-Building Workshops

- Job Fairs

- Volunteering

For 2022, DFSL's objectives are that at least 85% of all clients referred to our program will receive professional attire for interviews. At least 70% of clients will return for employment suiting once they find a job. At least 60% of clients seen in our suiting program will secure employment within three months of initial interview. At least 75% of Track for Success clients will have at least 1 job interview within one month of course completion. Ultimately, outcomes are that clients will attain gainful employment in the field of their choice, maintain gainful employment in the field of their choice, maintain gainful employment in the field of their choice and/or enroll in educational, vocational or on the job training as a means of future employment attainment. DFSL uses a variety of methods to measure program impact. These include standard program evaluation tools, surveys, pre and post tests, and written and verbal feedback from our clients and referral agencies. Programming is currently evaluated and assessed through several channels:

\* Number of clients participating in each program.

\* Number of clients who advance through other DFSL programs.

\* Client self-evaluation and surveys.

\* Number of clients who secure, retain, or advance employment.

\* Number of clients who obtain an increase in salary.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

DFSL continues to build relationships and develop partnerships with other agencies in the community to augment our programs and services. We are proud of our collaborative partnerships with approximately 90+ agencies in the community – including Goodwill of KY, KY Career Center, Louisville Pride, Beside U for Life, YouthBuild, Kentucky Refugee Ministries, KY Transgender Network, Louisville Metro Government, The Healing Place, Louisville Girls Leadership, Vocational Rehab, and more. Many of our clients have been deeply and directly impacted by poverty, long-term unemployment, substance abuse, domestic violence, homelessness, incarceration, and discrimination, and face significant challenges on their quest to be financially independent. By working in collaboration with our partners, we are able to deepen our understanding of community and regional needs and meet them.

DFSL regularly offers mobile career services via our Mobile Career Center and via workshops at various schools, businesses, youth centers, and more. DFSL has partnered with Louisville Central Community Center and New Albany Housing Authority and Floyd County Library in Southern Indiana to offer our Track for Success programs there. Likewise, DFSL has partnered with Louisville Urban League to offer computer literacy classes, offered Senior Jobs Program participants as a host site, and hosts our Professional Womens Group at various community locations with various professional women hosts. We have offered computer literacy courses offsite the past several years at neighborhood libraries, youth organizations (i.e., YouthBuild), and universities (i.e., U of L, and ITTech). With hosting classes/programs offsite in addition to at our headquarters, we are able to take services out into the community and better serve those with limitations. Anytime there is a chance to partner with a new agency or collaborate with a partner agency, we take advantage of those opportunities to avoid duplication of services and ensure wrap-around support for the community at large.

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THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

	Golumn 2	Column 2	Column (1+2)=3
Program/Project Bygenses	Proposed Metro Punds	Noni Matria France	Total Funde
A: Personnel Costs Including Benefits		\$ 38,280.00	\$ 38,280.00
B: Rent/Utilities	1		\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel	\$ 5,000.00	\$ 10,000.00	\$ 15,000.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts		\$ 2,160.00	\$ 2,160.00
H: Program Materials	\$ 5,000.00	\$ 10,000.00	\$ 15,000.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment	\$ 10,000.00	\$ 33,490.00	\$ 43,490.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 20,000.00	\$ 93,930.00	\$ 113,930.00
% of Program Budget	17.55%	82.45%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local G	overnment	
United Way		
Private Contributions (do not ir	nclude Individual donor names)	\$ 10,000.00
Fees Collected from Program Pa	articipants	
Other (please specify) Grants	Anthem	\$ 83,930.00
	Total Revenue for Columns 2 Expenses **	\$ 93,930.00

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.

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Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
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Total	\$ 0.00	\$ 0.00	\$ 0.00

Page 8 Effective May 2016

Applicant's Initials <u>MB</u>



bonor*/Typ	e of Contribution	Value of Contribution	Wethod of Valuation
Professional Clothir	ng	\$ 40,000.00	
Volunteers		\$ 5,000.00	
(to match Progra	ue of In-Kind Im Budget Line Item. Iution &Other In Kind)	\$ 45,000.00	
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	ate a significant increas	e or decrease in your hudge	
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dget projected for next	t fiscal year? NO [편]	YES	t from the current fiscal year to th
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res your Agency anticip idget projected for next /ES, please explain:	t fiscal year? NO [고]		t from the current fiscal year to th

Page 9 Effective May 2016

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Applicant's Initials <u>MB</u>

#### SECTION.7 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### **Standard Assurances**

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
   Applicant understands if the grant agreement is attachment at a local till at a well is a local time of the local time.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

#### **Standard Certifications**

- 1. The Agency certifies It will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
- The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

accurate falsificatio	nder the penalty of law the in to the best of my knowledge. on. If falsification is shown aft further certify that I am legally	I am aware my organization version of the second seco	including, without lin vill not be eligible for , any eliocations alrea	sitation, "Certifica funding If Investig	ation at any time chour
	re of Legal Signatory:	MinelBe	d.	Date:	08/08/2022
Legal Sig	gnatory: (please print):	Monet Becker		Title:	Executive Director
Phone:	(502) 584-8050	Extension:	Email:	monet@dfel	

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#### Louisville Metro Government Office of Management and Budget

#### **Neighborhood Development Fund Training Attestation**

Grantee Organization Name: Dress for Success Louisville, Inc.

Grantee Representative Name: Monet Becker, Executive Director - Dress for Success Louisville

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

- 1. The NDF funding your agency received is a gift from LMG? True or False
- 2. Name the three budget categories that require a detail list. Client Assistance Community Events + Fastivals
- 3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
- 4. Which four questions should your financial support documentation answer at all times? Who what when and Where
- 5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False

6./ Canceled check, bank statement, invoice and receipt are considered proof of payment. True or (False. )

Grantee Representative Signature

8/8/2022

Date

Fax:

**NOTE:** Please return to Roxanne Steele

E-mail address: <u>Roxanne.Steele@louisvilleky.gov</u> Mailing Address: Louisville Metro Government ATTN: NDF Coordinator 611 West lefferson St

611 West Jefferson St. Louisville, KY 40202 502-574-3219

and Other Expenses

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

LOUISVILLE, KY 40202-0000

MAR 292006

DRESS FOR SUCCESS LOUISVILLE INC

Employer Identification Number: 61-1383568 DLN: 17053070812036 Contact Person: SUSAN Y MALONEY ID# 31210 Contact Telephone Number: (877) 829-5500 Public Charity Status: 170(b)(1)(A)(vi)

Dear Applicant:

309 GUTHRIE ST

Date:

Our letter dated April, 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557; Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours.

Lois 2. Lerner Director, Exempt Organizations Rulings and Agreements

Letter 1050 (DO/CG)

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## DRESS FOR SUCCESS LOUISVILLE, INC STATEMENT OF FINANCIAL POSITION As of March 31, 2022

Total Liabilities and Net Assets	<u>\$ 172,821.48</u>
Total Net Assets	176,241.37
Increase (decrease) net assets	(37,719.46)
Temporary restricted	76,015.45
Net Assets Without donor restrictions	137,945.38
Total Current Liabilities	(3,419.89)
PNC credit card payable	2,003.19
Payroll withholdings	(5,423.08)
Liabilities and Net Assets Current Liabilities	
Total Assets	\$ 172,821.48
Other Assets Security deposits	3,093.00
Total Fixed Assets	6,850.79
Accumulated depreciation	(58,726.30)
Mobile unit	1,799.94
Leasehold improvements	4,012.91
Fixed Assets Furniture and equipment	<b>59,7</b> 64.24
Total Current Assets	162,877.69
Inventory	61,249.89
Current Assets Cash	\$ 101,627.80
Assets	

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

For the Month Ending March 31, 2022 and 2021

		For the period ending 03/31/2022	For the period ending 03/31/2021	Month Change	Month Variance
INCOME					wonth vanance
Direct Public Support					
Corporate contributions	\$	1,190.40 \$	0.00	1,190,40	0.00 %
Individual donations	•	2,341.95	2,335.05	6.90	0.30 %
Grants		0.00	250.00	(250.00)	(100.00) %
Workplace giving donations		0.00	124.12	(124.12)	(100.00) %
Total Direct Public Support		3,532.35	2,709.17	823.18	30.38 %
Other Income					
Inventory sales		2,065.98	248.48	1,817.50	731.45 %
Total Other Income		2,065.98	248.48	1,817.50	731.45 %
Special Events					
Fee for service		243.50	0.00	243.50	0.00 %
Derby hat exchange income		6,258,59	0.00	6,258.59	0.00 %
Consignment sales		46.25	0.00	46.25	0.00 %
Total Special Events		6,548.34	0.00	6,548.34	0.00 %
Total Income		12,146.67	2,957.65	9,189.02	310.69 %
EXPENSES					
Derby hat exchange expenses		479.06	0.00	479.06	0.00 %
Program supplies		318.08	300.00	18.08	6.03 %
Raffle expenses		0.00	493.74	(493.74)	(100.00) %
Fee for service expense		67.65	0.00	67.65	0.00 %
Depreciation		250.00	0.00	250.00	0.00 %
Rent		3,093.00	3,093.00	0.00	0.00 %
Dues and subscriptions		(16.81)	0.00	(16.81)	0.00 %
Printing and copying		74.33	21.70	52.63	242.53 %
Office supplies		47.24	370.81	(323.57)	(87.26) %
Telephone, telecommunications		124.59	200.69	(76.10)	(37.92) %
IT support and technology updates		157.00	1,411.50	(1,254.50)	(88.88) %
Bank service charges		17.50	40.58	(23.08)	(56.88) %
Wages		8,596.36	7,237.80	1,358.56	18.77 %
Wages - Anthem grant		2,877.00	2,164.55	712.45	32.91 %
Payroll taxes - Anthem grant Payroll taxes		220.11	165.60	54.51	32.92 %
Payroll fees		911.44	751.77	159.67	21.24 %
Business insurance		460.00	180.00	280.00	155.56 %
Mobile operating expenses		1,446.75	2,470.00	(1,023.25)	(41.43) %
Mobile unit IT expenses		327.02 0.00	397.33	(70.31)	(17.70) %
Employee relations		164.37	42.51 44.25	(42.51)	(100.00) %
Transportation		0.00	44.25 50.00	120.12 (50.00)	271.46 % (100.00) %
Total Expenses		19,614.69	19,435.83	178.86	0.92 %

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information - substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

		For the period ending 03/31/2022	For the period ending 03/31/2021	Month Change	Month Variance
Increase (decrease) net assets	<u>s</u>	(7,468.02) \$	(16,478.18)	9,010.16	(54.68) %

For the Month Ending March 31, 2022 and 2021

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information - substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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For the Period Ending March 31, 2022 and 2021

		Year to date 03/31/2022	Year to date 03/31/2021	Year Change	Year Variance
INCOME					
Direct Public Support					
Corporate contributions	\$	2,483.43 \$	350.00	2,133.43	609.55 %
Individual donations		4,937.33	4,768.17	169.16	3.55 %
Grants		12.50	5,250.00	(5,237.50)	(99.76) %
Mobile grant - maint/insur		(42.51)	0.00	(42.51)	0.00 %
Workplace giving donations		0.00	564.42	(564.42)	(100.00) %
Total Direct Public Support		7,390.75	10,932.59	(3,541.84)	413.34 %
Other Income					
Inventory sales		2,065.98	828,48	1 227 50	140 27 0/
Total Other Income		2,065.98	828.48	1,237.50	149.37 %
Total Other Income	<del></del>	2,005.98	828.48	1,237.50	149.37 %
Special Events					
Beyond the suit income		0.00	5,000.00	(5,000.00)	(100.00) %
Raffle income		0.00	3,100.05	(3,100.05)	(100.00) %
Fee for service		343.50	0.00	343.50	0.00 %
Derby hat exchange income		6,258.59	0.00	6,258.59	0.00 %
Consignment sales		212.05	0.00	212.05	0.00 %
Total Special Events	*****	6,814.14	8,100.05	(1,285.91)	(200.00) %
Total Income		16,270.87	19,861.12	(3,590.25)	362.71 %
EXPENSES					
Derby hat exchange expenses		479.06	0.00	479.06	0.00 %
Program food		0.00	51.63	(51.63)	(100.00) %
Program supplies		644.42	300.00	344.42	114.81 %
Volunteer expense		99.00	0.00	99.00	0.00 %
XXDonotuseBusiness expense		0.00	611.00	(611.00)	(100.00) %
Raffle expenses		0.00	2,078.44	(2,078.44)	(100.00) %
Fee for service expense		86.15	0.00	86.15	0.00 %
Sales tax expense		0.00	10.96	(10.96)	(100.00) %
Business registration fees		105.23	269.50	(164.27)	(60.95) %
Support Services/Accounting fees		2,400.00	1,800.00	600.00	33.33 %
Depreciation		750.00	0.00	750.00	0.00 %
Rent		9,279.00	9,279.00	0.00	0.00 %
Dues and subscriptions		521.69	0.00	521.69	0.00 %
Postage, mailing, etc.		13.76	10.92	2.84	26.01 %
Printing and copying		150.45	75.98	74.47	98.01 %
Office supplies		271.72	580.15	(308.43)	(53.16) %
Telephone, telecommunications		577.69	602.07	(24.38)	(4.05) %
IT support and technology updates		1,084.00	1,486.50	(402.50)	(27.08) %
Bank service charges		2.16	77.20	(75.04)	(97.20) %
Other Costs		0.00	162.18	(162.18)	(100.00) %
Wages		22,328.99	21,669.65	659.34	3.04 %

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

For the Period Ending March 31, 2022 and 2021

	Year to date 03/31/2022	Year to date 03/31/2021	Year Change	Year Variance
Wages - Anthem grant	7,775.44	6,401.35	1,374.09	21.47 %
Payroll taxes - Anthem grant	594.83	489.75	105.08	21.46 %
Payroll taxes	2,390.52	3,069.39	(678.87)	(22.12) %
Payroll fees	975.50	674.50	301.00	44.63 %
Business insurance	1,915.35	2,847.00	(931.65)	(32.72) %
Mobile operating expenses	393.03	1,548.07	(1,155.04)	(74.61) %
Mobile unit IT expenses	0.00	42.51	(42.51)	(100.00) %
Worldwide fees	515.00	515.00	0.00	0.00 %
Travel and meetings	168.50	0.00	168.50	0.00 %
Employee relations	369.72	81.25	288.47	355.04 %
Transportation	99.12	190.85	(91.73)	(48.06) %
Total Expenses	53,990.33	54,924.85	(934.52)	(302.15) %
Increase (decrease) net assets	<b>\$</b> (37,719.46) <b>\$</b>	(35,063.73)	(2,655.73)	664.86 %

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## For the Period Ending March 31, 2022 and 2021

Fundraising

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
INCOME	 	*******		
Direct Public Support				
Corporate contributions	\$ 119.04 \$	0.00 \$	248.34 \$	35.00
Individual donations	234.23	233.51	493.76	476.85
Grants	0.00	25.00	1.25	525.00
Workplace giving donations	0.00	12.41	0.00	56.45
Total Direct Public Support	 353.27	270.92	743.35	1,093.30
Other Income				
Inventory sales	13.47	248.48	13.47	567.12
Total Other Income	 13.47	248.48	13.47	567.12
	 13.47	270,70	13.47	307.12
Special Events	0.00	0.00		
Beyond the suit income Raffle income	0.00	0.00	0.00	5,000.00
Fee for service	0.00	0.00	0.00	2,650.05
	24.35	0.00	34.35	0.00
Derby hat exchange income Consignment sales	625.76	0.00	625.76	0.00
Total Special Events	 4.63	0.00	21.21	0.00
Total Special Events	 654.74	0.00	681.32	7,650.05
Total Income	 1,021.48	519.40	1,438.14	9,310.47
EXPENSES				
Derby hat exchange expenses	239.57	0.00	239.57	0.00
Volunteer expense	0.00	0.00	45.22	0.00
Raffle expenses	0.00	493.74	0.00	2,078.44
Sales tax expense	0.00	0.00	0.00	10.96
Business registration fees	0.00	0.00	10.53	15.00
Support Services/Accounting fees	0.00	0.00	240.00	180.01
Depreciation	25.00	0.00	75.00	0.00
Rent	309.30	309.30	927.90	927.90
Dues and subscriptions	2.11	0.00	55.96	0.00
Postage, mailing, etc.	0.00	0.00	1.40	1.10
Printing and copying	7.44	2.17	15.04	7.61
Office supplies	0.00	37.08	4.50	58.02
Telephone, telecommunications	12.46	20.07	57.78	60.22
IT support and technology updates	15.70	141.15	108.40	148.65
Bank service charges	1.75	0.00	0.21	1.80
Wages	859.64	723.78	2,232.91	2,166.97
Payroll taxes	91.16	75.18	239.07	306.99
Payroll fees	46.00	18.00	97.55	67.45
Business insurance	144.68	247.01	191.54	284.71
Worldwide fees	0.00	0.00	51.50	0.00

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For the Period Ending March 31, 2022 and 2021

Fundraising

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
Employee relations Transportation	3.84 0.00	0.00 5.00	11.79 9.91	0.00 19.10
Total Expenses	1,758.65	2,072.48	4,615.78	6,334.93
Increase (decrease) net assets	<u>\$ (737.17)</u> <u>\$</u>	(1,553.08) \$	(3,177.64) \$	2,975.54

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### For the Period Ending March 31, 2022 and 2021

Suits to Success Program

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
INCOME			······································	
Direct Public Support				
Corporate contributions	\$ 136.05 \$	0.00 \$	283.81 \$	39.99
Individual donations	267.64	266.84	564.21	544.89
Grants	0.00	28.57	1.42	599.99
Workplace giving donations	0.00	14.19	0.00	64.51
Total Direct Public Support	 403.69	309.60	849.44	1,249.38
Other Income				
Inventory sales	212.09	0.00	212.09	33.19
Total Other Income	 212.09	0.00	212.09	33.19
Special Events				
Raffle income	0.00	0.00	0.00	57.14
Fee for service	27.83	0.00	39.25	0.00
Derby hat exchange income	715.30	0.00	715.30	0.00
Consignment sales	5.28	0.00	24.23	0.00
Total Special Events	 748.41	0.00	778.78	57.14
Total Income	 1,364.19	309.60	1,840.31	1,339.71
EXPENSES				
Derby hat exchange expenses	34.22	0.00	34.22	0.00
Program food	0.00	0.00	0.00	7.38
Program supplies	41.29	42.86	87.90	42.86
Volunteer expense	0.00	0.00	7.69	0.00
Fee for service expense	9.66	0.00	12.30	0.00
Business registration fees	0.00	0.00	12.02	17.14
Support Services/Accounting fees	0.00	0.00	274.28	205.72
Depreciation	28.57	0.00	85.71	0.00
Rent	353.49	353.53	1,060.45	1,060.50
Dues and subscriptions	2.42	0.00	63.97	0.00
Postage, mailing, etc.	0.00	0.00	1.56	1.25
Printing and copying	8.50	2.48	17.20	8.68
Office supplies	6.75	42.37	37.52	66.29
Telephone, telecommunications	14.24	22.94	66.01	68.82
IT support and technology updates	17.94	161.31	123.87	169.88
Bank service charges	2.00	4.64	0.24	8.80
Wages	982.44	827.18	2,551.88	2,476.53
Payroll taxes	104.16	85.92	273.20	350.77
Payroll fees	52.57	20.57	111.48	77.08
Business insurance	165.34	282.28	218.89	325.37
Worldwide fees	0.00	0.00	58.85	73.57

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

#### For the Period Ending March 31, 2022 and 2021

Suits to Success Program

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
Travel and meetings	0.00	0.00	24.07	0.00
Employee relations	22.38	0.00	49.42	0.00
Transportation	0.00	5.71	11.33	21.80
Total Expenses	1,845.97	1,851.79	5,184.06	4,982.44
Increase (decrease) net assets	<u>\$ (481.78)</u> <u>\$</u>	(1,542.19) \$	(3,343.75) \$	(3,642.73)

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# For the Period Ending March 31, 2022 and 2021

Career Center

	-	For the period ending 03/31/2022		For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
INCOME						
Direct Public Support						
Corporate contributions	\$	136.05 \$	\$	0.00	\$ 283.81	\$ 39.99
Individual donations		267.64		266.84	564.22	544.89
Grants		0.00		28.57	1.42	600.00
Workplace giving donations		0.00		14.19	0.00	64.51
Total Direct Public Support		403.69		309.60	849.45	 1,249.39
Other Income						 
Inventory sales		212.09		0.00	212.09	22.10
Total Other Income		212.09	******	0.00	 212.09	 33.19
			<b>Westman</b>	0.00	 212.09	 33.19
Special Events						
Raffle income		0.00		0.00	0.00	57.14
Fee for service		27.83		0.00	39.25	0.00
Derby hat exchange income		715.30		0.00	715.30	0.00
Consignment sales		5.28		0.00	24.23	0.00
Total Special Events		748.41		0.00	778.78	 57.14
Total Income		1,364.19		309.60	1,840.32	 1,339.72
EXPENSES						
Derby hat exchange expenses		34.21		0.00	34.21	0.00
Program food		0.00		0.00	0.00	7.38
Program supplies		41.29		42.86	87.91	42.86
Volunteer expense		0.00		0.00	7.69	0.00
Fee for service expense		9.66		0.00	12.30	0.00
Business registration fees		0.00		0.00	12.02	17.14
Support Services/Accounting fees		0.00		0.00	274.28	205.71
Depreciation		28.57		0.00	85.71	0.00
Rent		353.49		353.53	1,060.45	1,060.50
Dues and subscriptions		2.42		0.00	63.97	0.00
Postage, mailing, etc.		0.00		0.00	1.56	1.25
Printing and copying		8.50		2.48	17.20	8.68
Office supplies		6.75		42.37	37.53	66.30
Telephone, telecommunications		14.24		22.94	66.02	68.82
IT support and technology updates		17.94		161.31	123.87	169.88
Bank service charges		2.00		4.64	0.24	8.81
Wages		982.44		827.18	2,551.88	2,476.53
Payroll taxes		104.16		85.92	273.20	350.77
Payroll fees		52.58		20.57	111.50	77.08
Business insurance		165.34		282.28	218.89	325.37
Worldwide fees		0.00		0.00	58.85	73.57

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

For the Period Ending March 31, 2022 and 2021

Career Center

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
Travel and meetings Employee relations Transportation	0.00 22.39 0.00	0.00 0.00 5.71	24.07 49.43 11.33	0.00 0.00 21.80
Total Expenses	1,845.98	1,851.79	5,184.11	4,982.45
Increase (decrease) net assets	<u>\$ (481.79)</u>	<u>(1,542.19)</u>	§ (3,343.79) §	(3,642.73)

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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# For the Period Ending March 31, 2022 and 2021

Professional Women's Group

	 For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
INCOME				
Direct Public Support				
Corporate contributions	\$ 136.05 \$	0.00 \$	5 283.83 \$	39.99
Individual donations	267.64	266.84	564.22	544.90
Grants	0.00	28.57	1.42	600.00
Workplace giving donations	0.00	14.19	0.00	64.50
Total Direct Public Support	 403.69	309.60	849.47	1,249.39
Other Income				
Inventory sales	212.09	0.00	010.00	<b>22</b> 10
Total Other Income	 212.09	0.00	212.09	33.19
rour o her moome	 	0.00	212.09	33.19
Special Events				
Raffle income	0.00	0.00	0.00	57.14
Fee for service	27.83	0.00	39.25	0.00
Derby hat exchange income	715.30	0.00	715.30	0.00
Consignment sales	5.28	0.00	24.24	0.00
Total Special Events	 748.41	0.00	778.79	57.14
Total Income	 1,364.19	309.60	1,840.35	1,339.72
EXPENSES				
Derby hat exchange expenses	34.21	0.00	34.21	0.00
Program food	0.00	0.00	0.00	7.38
Program supplies	41.28	42.86	87.90	42.86
Volunteer expense	0.00	0.00	7.69	0.00
Fee for service expense	9.66	0.00	12.30	0.00
Business registration fees	0.00	0.00	12.02	17.14
Support Services/Accounting fees	0.00	0.00	274.29	205.71
Depreciation	28.57	0.00	85.71	0.00
Rent	353.49	353.53	1,060.45	1,060.52
Dues and subscriptions	2.43	0.00	63.98	0.00
Postage, mailing, etc.	0.00	0.00	1.58	1.25
Printing and copying	8.49	2.48	17.19	8.68
Office supplies	6.75	42.39	37.53	69.75
Telephone, telecommunications	14.24	22.94	66.01	68.82
IT support and technology updates	17.94	161.32	123.87	169.89
Bank service charges	2.00	4.64	0.24	8.82
Wages	982.44	827.18	2,551.89	2,476.54
Payroll taxes	104.16	85.92	273.20	350.77
Payroll fees	52.58	20.57	111.50	77.08
Business insurance	165.34	282.28	218.89	325.37
Worldwide fees	0.00	0.00	58.85	73.57

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

For the Period Ending March 31, 2022 and 2021

Professional Women's Group

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
Travel and meetings Employee relations Transportation	0.00 22.39 0.00	0.00 0.00 5.71	24.07 49.43 11.33	0.00 0.00 21.80
Total Expenses	1,845.97	1,851.82	5,184.13	4,985.95
Increase (decrease) net assets	<u>\$ (481.78)</u> <u>\$</u>	(1,542.22) §	(3,343.78) \$	(3,646.23)

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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# For the Period Ending March 31, 2022 and 2021

Career Readiness Programs

		For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
INCOME				<u></u>	
Direct Public Support					
Corporate contributions	\$	136.05 \$	0.00 \$	283.83 \$	40.00
Individual donations		267.64	266.87	564.22	544.95
Grants		0.00	28.57	1.42	600.00
Workplace giving donations		0.00	14.19	0.00	64.53
Total Direct Public Support		403.69	309.63	849.47	1,249.48
Other Income				······································	
Inventory sales		212.09	0.00	212.00	00.10
Total Other Income		212.09	0.00	212.09	33.19
	-		0.00	212.09	33.19
Special Events					
Raffle income		0.00	0.00	0.00	57.14
Fee for service		27.83	0.00	39.25	0.00
Derby hat exchange income		715.30	0.00	715.30	0.00
Consignment sales		5.28	0.00	24.24	0.00
Total Special Events		748.41	0.00	778.79	57.14
Total Income		1,364.19	309.63	1,840.35	1,339.81
EXPENSES					
Derby hat exchange expenses		34.22	0.00	34.22	0.00
Program food		0.00	0.00	0.00	7.38
Program supplies		41.28	42.85	87.90	42.85
Volunteer expense		0.00	0.00	7.69	0.00
Fee for service expense		9.66	0.00	12.32	0.00
Business registration fees		0.00	0.00	12.02	17.15
Support Services/Accounting fees		0.00	0.00	274.28	205.71
Depreciation		28.57	0.00	85.71	0.00
Rent		353.49	353.53	1,060.45	1,060.51
Dues and subscriptions		2.42	0.00	63.98	0.00
Postage, mailing, etc.		0.00	0.00	1.58	1.24
Printing and copying		8.49	2.48	17.19	8.68
Office supplies		6.76	42.39	37.54	66.32
Telephone, telecommunications		14.24	22.94	66.02	68.82
IT support and technology updates		17.94	161.31	123.87	169.88
Bank service charges		2.00	4.64	0.24	8.82
Wages		982.44	827.18	2,551.88	2,476.54
Payroll taxes		104.16	85.92	273.20	350.78
Payroll fees		52.58	20.57	111.50	77.08
Business insurance		165.34	282.29	218.89	325.38
Worldwide fees		0.00	0.00	58.85	73.57

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information - substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

For the Period Ending March 31, 2022 and 2021

#### Career Readiness Programs

	For the period ending 03/31/2022	For the period ending 03/31/2021		
Travel and meetings Employee relations Transportation	 0.00 22.39 0.00	0.00 0.00 5.71	24.0 49.4 11.3	5 0.00
Total Expenses	 1,845.98	1,851.81	5,184.1	4,982.52
Increase (decrease) net assets	\$ (481.79) \$	(1,542.18)	\$ (3,343.83	) \$ (3,642.71)

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information - substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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## For the Period Ending March 31, 2022 and 2021

**Financial Empowerment** 

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
INCOME				
Direct Public Support				
*	\$ 136.05 \$	0.00 \$	283.82 \$	40.00
Individual donations	267.64	266.88	564.26	544.98
Grants	0.00	28.57	1.42	600.00
Workplace giving donations	0.00	14.19	0.00	64.51
Total Direct Public Support	403.69	309.64	849.50	1,249.49
Other Income				
Inventory sales	212.09	0.00	212.09	33.19
Total Other Income	212.09	0.00	212.09	33.19
Special Events				
Raffle income	0.00	0.00	0.00	57.15
Fee for service	27.83	0.00	39.25	0.00
Derby hat exchange income	715.30	0.00	715.30	0.00
Consignment sales	5.28	0.00	24.24	0.00
Total Special Events	748.41	0.00	778.79	57.15
Total Income	1,364.19	309.64	1,840.38	1,339.83
- EXPENSES				
Derby hat exchange expenses	34.22	0.00	34.22	0.00
Program food	0.00	0.00	0.00	7.38
Program supplies	41.29	42.86	87.90	42.86
Volunteer expense	0.00	0.00	7.69	0.00
Fee for service expense	9.69	0.00	12.33	0.00
Business registration fees	0.00	0.00	12.02	17.15
Support Services/Accounting fees	0.00	0.00	274.28	205.71
Depreciation	28.57	0.00	85.71	0.00
Rent	353.49	353.53	1,060.45	1,060.51
Dues and subscriptions	2.43	0.00	63.97	0.00
Postage, mailing, etc.	0.00	0.00	1.56	1.24
Printing and copying	8.49	2.48	17.19	8.68
Office supplies	6.75	42.38	37.55	66.30
Telephone, telecommunications	14.24	22.95	66.03	68.82
IT support and technology updates	17.95	161.32	123.88	169.89
Bank service charges	2.00	4.64	0.26	8.81
Wages	982.44	827.17	2,551.88	2,476.53
Payroll taxes	104.16	85.92	273.20	350.78
Payroll fees	52.57	20.57	111.48	77.10
Business insurance	165.34	282.29	218.89	325.38
Worldwide fees	0.00	0.00	58.85	73.57

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information - substantially all disclosures and the statement of eash flows required by generally accepted accounting principles are not included.

For the Period Ending March 31, 2022 and 2021

#### Financial Empowerment

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
Travel and meetings Employee relations Transportation	0.00 22.38 0.00	0.00 0.00 5.71	24.07 49.44 11.33	0.00 0.00 21.81
Total Expenses	1,846.01	1,851.82	5,184.18	4,982.52
Increase (decrease) net assets	<u>\$ (481.82)</u> \$	(1,542.18)	\$ <u>(3,343.80)</u>	(3,642.69)

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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# For the Period Ending March 31, 2022 and 2021

Computer Literacy

	 For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
INCOME				
Direct Public Support				
Corporate contributions	\$ 136.05 \$	0.00	\$ 283.82	\$ 40.00
Individual donations	267.64	266.87	564,24	544.95
Grants	0.00	28.57	1.42	600.00
Workplace giving donations	 0.00	14.19	0.00	64.50
Total Direct Public Support	 403.69	309.63	849.48	1,249.45
Other Income		••••	The second s	
Inventory sales	212.09	0.00	212.00	22.10
Total Other Income	 212.09		212.09	33.19
	 	0.00	212.09	33.19
Special Events				
Raffle income	0.00	0.00	0.00	57.15
Fee for service	27.83	0.00	39.25	0.00
Derby hat exchange income	715.30	0.00	715.30	0.00
Consignment sales	5.28	0.00	24.24	0.00
Total Special Events	 748.41	0.00	778.79	57.15
Total Income	 1,364.19	309.63	1,840.36	1,339.79
EXPENSES				
Derby hat exchange expenses	34.22	0.00	34.22	0.00
Program food	0.00	0.00	0.00	0.00
Program supplies	41.30	42.86	87.92	7.38 42.86
Volunteer expense	0.00	0.00	7.69	42.80
Fee for service expense	9.66	0.00	12.30	0.00
Business registration fees	0.00	0.00	12.02	17.14
Support Services/Accounting fees	0.00	0.00	274.29	205.71
Depreciation	28.58	0.00	85.74	0.00
Rent	353.49	353.53	1,060.45	1,060.50
Dues and subscriptions	2.43	0.00	63.98	0.00
Postage, mailing, etc.	0.00	0.00	1.56	1.25
Printing and copying	8.49	2.48	17.19	8.68
Office supplies	6.75	42.40	37.51	66.29
Telephone, telecommunications	14.23	22.95	66.02	68.83
IT support and technology updates	17.95	161.32	123.87	169.90
Bank service charges	2.00	4.64	0.24	8.82
Wages	982.44	827.18	2,551.88	2,476.54
Payroll taxes	104.16	85.90	273.18	350.76
Payroll fees	52.57	20.57	111.48	77.08
Business insurance	165.34	282.28	218.89	325.37
Worldwide fees	0.00	0.00	58.85	73.57
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These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

For the Period Ending March 31, 2022 and 2021

Computer Literacy

		For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
Travel and meetings Employee relations Transportation		0.00 22.38 0.00	0.00 0.00 5.72	 24.08 49.54 11.33	0.00 0.00 21.82
Total Expenses	<u></u>	1,845.99	1,851.83	5,184.23	4,982.50
Increase (decrease) net assets	<u>s</u>	(481.80) \$	(1,542.20)	\$ (3,343.87) \$	(3,642.71)

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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#### For the Period Ending March 31, 2022 and 2021

Mobile Career Center

	For the period ending 03/31/2022	For the period ending 03/31/2021		Year to date 03/31/2021
INCOME			-	
Direct Public Support				
Corporate contributions	\$ 136.02	\$ 0.00	\$ 283.83	\$ 40.03
Individual donations	267.65	266.89	563.34	544.91
Grants	0.00	28.58	1.48	600.01
Mobile grant - maint/insur	0.00	0.00	(42.51)	0.00
Workplace giving donations	0.00	14.16	0.00	64.46
Total Direct Public Support	403.67	309.63	806.14	1,249.41
Other Income		<u></u>		
Inventory sales	212.09	0.00	212.09	33.18
Total Other Income	212.09	0.00	212.09	33.18
Special Events			······································	
Raffle income	0.00	0.00	0.00	57.14
Fee for service	27.82	0.00	39.30	0.00
Derby hat exchange income	715.27	0.00	715.27	0.00
Consignment sales	5.31	0.00	24.21	0.00
Total Special Events	748.40	0.00	778.78	57.14
Total Income	1,364.16	309.63	1,797.01	1,339.73
EXPENSES				
Derby hat exchange expenses	34.19	0.00	34.19	0.00
Program food	0.00	0.00	0.00	7.35
Program supplies	41.27	42.85	87.91	42.85
Volunteer expense	0.00	0.00	7.64	0.00
Fee for service expense	9.66	0.00	12.30	0.00
Business registration fees	0.00	0.00	12.05	17.14
Support Services/Accounting fees	0.00	0.00	274.30	205.71
Depreciation	28.57	0.00	85.71	0.00
Rent	353.46	353.22	1,060.50	1,060.16
Dues and subscriptions	2.42	0.00	63.92	0.00
Postage, mailing, etc.	0.00	0.00	1.56	1.24
Printing and copying	8.49	2.48	17.21	8.68
Office supplies	6.73	42.35	37.54	62.86
Telephone, telecommunications	14.24	22.89	66.02	68.70
IT support and technology updates	17.94	161.31	123.97	169.88
Bank service charges	2.00	4.64	0.28	8.80
Wages	982.44	827.17	2,551.88	2,476.50
Wages - Anthem grant	2,877.00	2,164.55	7,775.44	6,401.35
Payroll taxes - Anthem grant	220.11	165.60	594.83	489.75
Payroll taxes	104.16	85.91	273.20	350.78

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

For the Period Ending March 31, 2022 and 2021

Mobile Career Center

	For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
Payroll fees	52.55	20.58	111.46	77.10
Business insurance	165.35	282.28	218.93	325.34
Mobile operating expenses	327.02	397.33	393.03	1,548.07
Mobile unit IT expenses	0.00	42.51	0.00	42.51
Worldwide fees	0.00	0.00	58.90	73.58
Travel and meetings	0.00	0.00	24.07	0.00
Employee relations	22.38	0.00	49.43	0.00
Transportation	0.00	5.73	11.32	21.81
Total Expenses	5,269.98	4,621.40	13,947.59	13,460.16
Increase (decrease) net assets	\$ (3,905.82) <b>\$</b>	(4,311.77) \$	(12,150.58) \$	(12,120.43)

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information - substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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#### For the Period Ending March 31, 2022 and 2021

Administration

	 For the period ending 03/31/2022	For the period ending 03/31/2021	Year to date 03/31/2022	Year to date 03/31/2021
INCOME				
Direct Public Support				
Corporate contributions	\$ 119.04 \$	0.00 \$	248.34 \$	35.00
Individual donations	234.23	233.51	494.86	476.85
Grants	0.00	25.00	1.25	525.00
Workplace giving donations	0.00	12.41	0.00	56.45
Total Direct Public Support	 353.27	270.92	744.45	1,093.30
Other Income				h.d
Inventory sales	567.88	0.00	667 00	<b>2</b> 0.04
Total Other Income	567.88	0.00	567.88	29.04
	 507.00	0.00	567.88	29.04
Special Events				
Raffle income	0.00	0.00	0.00	50.00
Fee for service	24.35	0.00	34.35	0.00
Derby hat exchange income	625.76	0.00	625.76	0.00
Consignment sales	4.63	0.00	21.21	0.00
Total Special Events	 654.74	0.00	681.32	50.00
Total Income	 1,575.89	270.92	1,993.65	1,172.34
EXPENSES				
Program supplies	29.08	0.00	29.08	0.00
XXDonotuseBusiness expense	0.00	0.00	0.00	611.00
Business registration fees	0.00	0.00	10.53	134.50
Support Services/Accounting fees	0.00	0.00	240.00	180.01
Depreciation	25.00	0.00	75.00	0.00
Rent	309.30	309.30	927.90	927.90
Dues and subscriptions	(35.89)	0.00	17.96	0.00
Postage, mailing, etc.	0.00	0.00	1.40	1.10
Printing and copying	7.44	2.17	15.04	7.61
Office supplies	0.00	37.08	4.50	58.02
Telephone, telecommunications	12.46	20.07	57.78	60.22
IT support and technology updates	15.70	141.15	108.40	148.65
Bank service charges	1.75	8.10	0.21	13.72
Other Costs	0.00	0.00	0.00	162.18
Wages	859.64	723.78	2,232.91	2,166.97
Payroll taxes	91.16	75.18	239.07	306.99
Payroll fees	46.00	18.00	97.55	67.45
Business insurance	144.68	247.01	191.54	284.71
Worldwide fees	0.00	0.00	51.50	0.00
Employee relations	3.84	44.25	11.79	81.25
Transportation	0.00	5.00	9.91	19.10
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These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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#### For the Period Ending March 31, 2022 and 2021

Administration

	For the period ending 03/31/2022	ending		Year to date 03/31/2021 5,231.38 (4,059.04)
Total Expenses	1,510.16	1,631.09	4,322.07	5,231.38
Increase (decrease) net assets	<u>\$ 65.73</u>	<u>\$ (1,360.17)</u>	\$ (2,328.42)	\$ (4,059.04)

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

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#### DRESS FOR SUCCESS LOUISVILLE, INC BUDGET REMAINING

For the Period Ending March 31, 2022

		Actual	Budget	Variance	% of budget
INCOME			2022		
Direct Public Support					
Corporate contributions	\$	2,483.43	•		9.93 %
Individual donations		4,937.33	25,000.00	(20,062.67)	19.75 %
Grants		12.50	150,000.00	(149,987.50)	0.01 %
Mobile grant - maint/insur		(42.51)	0.00	(42.51)	0.00 %
Third party events		0.00	15,000.00	(15,000.00)	0.00 %
Workplace giving donations		0.00	2,500.00	(2,500.00)	0.00 %
Total Direct Public Support		7,390.75	217,500.00	(210,109.25)	3.40 %
Other Income					
Inventory sales		2,065.98	7,000.00	(4,934.02)	29.51 %
Total Other Income		2,065.98	7,000.00	(4,934.02)	29.51 %
Special Events					
Beyond the suit income		0.00	60,000.00	(60,000.00)	0.00.0/
Raffle income		0.00	10,000.00	(10,000.00)	0.00 %
Fee for service		343.50	10,000.00	(9,656.50)	0.00 %
Derby hat exchange income		6,258.59	5,000.00	1,258.59	3.44 %
Consignment sales		212.05	500.00	(287.95)	125.17 %
In kind received		0.00	65,000.00	(65,000.00)	42.41 %
Total Special Events		6,814.14	150,500.00	(143,685.86)	0.00 %
Total Income	*	16,270.87	375,000.00	(358,729,13)	4.34 %
EXPENSES					
Beyond the suit expenses		0.00	20,000.00	(20,000.00)	0.00.0/
Derby hat exchange expenses		479.06	1,000.00	(520.94)	0.00 %
Program food		0.00	1,000.00	(1,000.00)	47.91 %
Program supplies		644.42	2,000.00	(1,355.58)	0.00 %
Programs-stipend		0.00	249.33	(249.33)	32.22 %
Volunteer expense		99.00	498.66	(399.66)	0.00 %
Raffle expenses		0.00	2,500.00	(2,500.00)	19.85 %
Fee for service expense		86.15	0.00	86.15	0.00 %
Business registration fees		105.23	2,500.00	(2,394.77)	0.00 %
Support Services/Accounting fees		2,400.00	10,000.00		4.21 %
Outside contractors		0.00	•	(7,600.00)	24.00 %
Marketing		0.00	5,000.00 1,500.00	(5,000.00)	0.00 %
Depreciation		750.00	-	(1,500.00)	0.00 %
Grant funded supplies		0.00	4,000.00	(3,250.00)	18.75 %
State randou supplies		0.00	20,000.00	(20,000.00)	0.00 %

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

#### DRESS FOR SUCCESS LOUISVILLE, INC BUDGET REMAINING

For the Period Ending March 31, 2022

	Actual	Budget 2022	Variance	% of budget
Rent	9,279.00	37,116.00	(27,837.00)	<b>35 00 0</b> /
Dues and subscriptions	521.69	0.00	521.69	25.00 % 0.00 %
Postage, mailing, etc.	13.76	500.00	(486.24)	0.00 % 2.75 %
Printing and copying	150.45	1,800.00	(1,649.55)	2.75 % 8.36 %
Office supplies	271.72	1,500.00	(1,228.28)	8.30 % 18.11 %
Telephone, telecommunications	577.69	2,670.00	(2,092.31)	21.64 %
IT support and technology updates	1,084.00	3,400.00	(2,316.00)	21.04 % 31.88 %
Bank service charges	2.16	600.00	(597.84)	0.36 %
Wages	22,328.99	144,820.00	(122,491.01)	0.38 % 15.42 %
Wages - Anthem grant	7,775.44	0.00	7,775.44	0.00 %
Payroll taxes - Anthem grant	594.83	0.00	594.83	0.00 %
Payroll taxes	2,390.52	13,900.00	(11,509.48)	17.20 %
Benefits	0.00	200.00	(200.00)	0.00 %
Staff incentives	0.00	1,500.00	(1,500.00)	0.00 %
Payroll fees	975.50	3,000.00	(2,024.50)	32.52 %
Business insurance	1,915.35	8,600.00	(6,684.65)	32.32 % 22.27 %
Mobile operating expenses	393.03	10,000.00	(9,606.97)	3.93 %
Worldwide fees	515.00	515.00	0.00	5.93 % 100.00 %
Travel and meetings	168.50	2,500.00	(2,331.50)	6.74 %
Employee relations	369.72	500.00	(130.28)	0.74 % 73.94 %
Transportation	99,12	800.00	(700.88)	73.94 % 12.39 %
In kind	0.00	65,000.00	(65,000.00)	0.00 %
Total Expenses	53,990.33	369,168.99	(315,178.66)	14.62 %
Increase (decrease) net assets	\$ <u>(37,719.46)</u>	5,831.01 \$	(43,550.47)	(646.88) %

These financial statements have not been audited, reviewed, or compiled and therefore no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

				BLIC DISCLOSURE C			
	ſ	חחו	Return of Org	anization Exempt	From I	ncome Tax	OMB No. 1545-0047
Fc	лш 🎽	390	Under section 501(c), 527, or	4947(a)(1) of the Internal Revenu	ue Code (exc	cept private foundatio	ns) <b>2021</b>
		4 - F	Do not enter soc	lal security numbers on this for	m as it may t	e made public.	Openico Public
Inte	ernal file	it of the Treasury venue Service		.gov/Form990 for instructions a			200 Participation
A	For t	he 2021 calend	lar year, or tax year beginning		d ending		An V
B	Chack	r C Name of	f organization			D Employer identifi	anion timber
	applice		-				
Ľ	Add	DRES	S FOR SUCCESS LO	UISVILLE INC.			
Ē	Nam	14 L	usiness as			61-13/35	68
Ē	initia retur	Number	and street (or P.O. box il mail is n	ot delivered to street address)	Room/suite	E Telephone numbe	
Ē	Fina	1 012	E MAIN STREET	,	101B	50258480	
	lerm sted		own, state or province, country,	and ZIP or foreign postal code		G Gross Coupis 5	278,477.
	Ame	nded LOUI	SVILLE, KY 4020			H(a) is this a group re	
Ē	Appi 101	F Name ar	nd address of principal officer: R	ENEE NADEAU	uiteinimiseten versigei, ittiini,	aelactionedua rot	
	pend		AS C ABOVE			(b) Are all subordinates in	
1	Taxies	cempt status:		) < (insert no.) 4947(a)(1)	or 527		list. See instructions
			SVILLE. DRESSFORST	ICCESS ORG		H(c) Group exemption	
		organization;		Association Other	10000	1 Inmetine 2000	State of legal domicile: KY
	arti	Summary	Martin Contraction of	A Contraction of Contract of C		N NOTING AND	STATE OF ICOM COMPLETE AI
7.943	1		e the organization's mission or m	ost significant activities: THE	MICCIO	N OF DRRCC	OR SHOOPER
8		LOUISVII	LLE IS TO RMPOWER	WOMEN TO ACHIEVE		MTC TNDEDEN	DENCE DV
Activities & Governance	2			scontinued its operations or dispo			
Lev	3		ing members of the governing bo			1 1	ets. 13
8				governing body (Part VI/ ine Tb)		3	
45				ar year 2021 (Part V, line 2a)		4	13
liers	5				<b>X</b>	5	4
Ì.			I volunteers (estimate if necessa		<b>6</b>	6	175
¥.	12		business revenue from Part VIII,			7a	0.
	<b></b> 0	inet unrelated D	usiness taxable income from Fo	m 990-1, Part Igine 11		7b	0.
		O				Prior Year	Current Year
5			ind grants (Part VIII, line 1h)		·····	225,990.	245,190.
Revenue			e revenue (Part VIII, line 2g)		····· }	0.1	0.
æ			ome (Part VIII, column (A), lines 3,			0.	0.
			Part VIII, column (A), lines 5, 6d,			24,889.	11,197.
			add lines 8 through 11 (must equ			250,879.	256,387.
			ilar amounts paid (Part IX, colum			0.	0.
			or for members (Part IX, column		·····	0.	0.
8	15	Salaries, other c	ompensation, employee benefit	s (Part IX, column (A), lines 5 10)		127,589.	130,993.
Expensi	16a i	Professional fun	draising fees (Part IX, coluten (A)	Aline 11e)		0.	0.
Ř	р.	Total fundraising	g expenses (Part IX, certamn (D), I	ine 25) 🕨 <u>18,00</u>	<u>)2.</u>	一切中的自然的是是是	
<b>W</b>	17 (	Other expenses	(Part IX, column (4), lines 1 a-11	a, 11f-24e)		74,297.	93,002.
	18 ]	fotal expenses.	Add lines 13-17 (nust equal Par	t IX, column (A), line 25)		201,886.	223,995.
	19 F	Revenue less ex	penses. Subtract line 48 from lin	e 12		48,993.	32,392.
Assets or Balancas					Begi	aning of Current Year	End of Year
Set		otal assets (Par				183,151.	215,800.
S.		otal liabilities (P		##4++*#####1\$##15\$%;«?#>###################################		139.	396.
	22 N	let assets or fun	nd bajances. Subtract line 21 from	m line 20	i	183,012.	215,404.
Tenetron entering	Contraction of the local division of the loc	Signature E					
Under	penalt	ies of perjury, de	clare that I have examined this retur	n, including accompanying schedules i	and statements	s, and to the best of my k	nowledge and belief, It is
trve, c	orrect,			cer) is based on all information of which	ch preparer ha		
			aner Jadeac			5-13%	12:
8ign		Stehaung of				Date	·····
Here		RENEE	NADEAU, BOARD CH	IAIR	<b></b>		
			finame and title	-			
	1	rint/Type prepare	ar's name	Preparer's signature	Date		PTIN
Paid 🔬			<u>MCCAFFREY</u>	JEFFREY K MCCAFFI	REY 05,	13/22 self-employed	P00938853
Prepar				VESAY & OSTROFF I	PSC		-1064249
Use O	WAF	irm's address 👞	9300 SHELBYVILLE	RD STE 1100			
		*	LOUISVILLE, KY 4	0222-5187		Phone no. (502	2)426-9660
Vay th	he IRS	discuss this ret	turn with the preparer shown abo	ove? See instructions			X Yes No
	12-09-2			ce, see the separate instruction:	Ş.	<u> </u>	Form 990 (2021)
	SR			ATTON MISSION STA		CONTINUTATIO	

1000	m 990 (2021) DRESS FOR SUCCESS LOUISVILLE INC.	61-1383568 Pa	age
	art III Statement of Program Service Accomplishments		<u>~</u>
	Check If Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission;		_ <b></b>
•	THE MISSION OF DRESS FOR SUCCESS LOUISVILLE IS TO EMPOW	ER WOMEN TO	
	ACHIEVE ECONOMIC INDEPENDENCE BY PROVIDING A NETWORK OF	SUPPORT	<u> </u>
	PROFESSIONAL ATTIRE AND THE DEVELOPMENT TOOLS TO HELP W	OMEN THRIVE IN	
	WORK AND IN LIFE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
		Ves X	<b>]</b> Nr
	If "Yes," describe these new services on Schedule O.		
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	s measured by expenses.	
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 185,940. including grants of \$ ) (Reve	enue S	
	SUITING - EACH WOMAN RECEIVES ONE PROFESSIONAL OUTFIT CO	OMPLETE WITH	
	ACCESSORIES FOR HER JOB INTERVIEW. VOLUNTEERS AND/OR STA	AFF CALLED	
			********
	LOUISVILLE BY REFERRAL FROM A DIVERSE GROUP OF SOCIAL SH	RVICE AGENCIES	
	AND NON-PROFIT ORGANIZATIONS INCLUDING JOB TRAINING PROG	GRAMS, DOMESTIC	
	VIOLENCE AND HOMELESS SHELTERS. ONCE THE CLIENT SECURES	EMPLOYMENT,	
	THEY COME BACK FOR UP TO AN ADDITIONAL FIVE OUTFITS. EAC	CH CLIENT IS	
		MIX AND MATCH	
	HER CLOTHING DURING THE WORKWEEK.		
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		Oor 690527       Uves [X]         sibe these new services on Schedule O.       vibe these changes on Schedule O.         sibe these changes on Schedule O.       vibe these changes on Schedule O.         sign and SOD(s)(4) organizations program services as measured by expenses.       vibe these changes on Schedule O.         sign and SOD(s)(4) organizations program services reported.       ) (needed program services reported.       ) (needed program services reported.         - EACH WOMAN RECEIVES ONE PROPESSIONAL OUTFIT COMPLETE WITH RIES FOR HER JOB INTERVIEW. VolUNTBERS AND/OR STAFF CALLED AL STYLISTS" GIVE EVERY CLIENT THE ONE-ON-ONE ATTENTION THEY BOOST THEIR COMFIDENCE. CLIENT'S COME TO NERSE FOR SUCCESS ILLE BY REFERAL FROM A DIVERSE GROUP OF SOCIAL SERVICE AGENCIESS         - PROFIT ORGANIZATIONS INCLUDING JOB TRAINING PROGRAMS, DOMESTIC         BAD HOMELESS SHELTERS. ONCE THE CLIENT SECURES EMPLOYMENT, ME BACK OR UP TO AN ADDITIONAL FIVE OUTFITS. EACH CLIENT IS         WITH WARDROBE BUILDING AND GIVEN ADVICE ON HOW TO MIX AND MATCH         THING DURING THE WORKWEEK.	_ )
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Form 990 (2021)	DRESS	FOR	SUCCESS	LOUISVILLE	INC
Part IV Checklist of R	equired S	ichedu	les		Tie anno 1990 anno 1

1         Is the organization described in section 501(c)(c)(c) or 4647/a)(1) (other than a private foundation?         If the organization mound to complete Schedule A, Schedule of Contribution? See instituctions         1         1         1         1         2         1         2			******* <u>·</u>	<b>W</b> I.	
If Yes, 'complete Schedule J.       1         Is the organization engage is direct or indirect political camption activities on behalf of or in oppolition to candidate by a public citizer of Yes, 'complete Schedule C, Part I.       2         Is the organization engage is direct or indirect political camption activities on behalf of or in oppolition to candidate by a public citizer of Yes, 'complete Schedule C, Part I.       3         Is the organization engage is direct or indirect political camption activities on behalf of or in oppolition to candidate by a public citizer of Yes, 'complete Schedule C, Part II.       4         Is the organization engage is direct or indirect political camption activities or indirect by the oppolitical citizer of the organization activities on the distribution or investment of amounts in such hards or accounts for which donoes have the right to provide activities and effect on the distribution or investment of amounts in such hards or accounts for which donoes have the right to provide activities of the complete Schedule D, Part II.       8         Did the organization maximum collicitical or view and assesses, of right aminia sensor D, Hindge accentrated and the investment account abulity sense as a custodian for amounts in Part X, Ine 21, for secret calculates, or the aminia sensor D, Hindge accentrates and the provide acceleration diverse of the complete Schedule D, Part II.         Did the organization maximum collicitical or view and end in horizont allowed account abulity sense as a custodian for amount in Part X, Ine 21, for secret calculates, and the amount and the part of a secret and the part o		1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	10	anna .	
2         bit de organization required to complete Schedule 9, Schedule of Contributors 7 see instructions         2         X           Did the organization require indices or indices (C. Part I         3         X           Section 50(16)(3) organizations. Did the organization require in obbying activities, or have a section 50(19) election to readicates for a section 50(19) election to readicates for a section 50(19) election in order during the tax year? If Yes, "complete Schedule C, Part I         4         X           B         bit de organization a satisfic of Dick(5) 01(6) 0		If "Yes," complete Schedule A	6550.	19	
9 Did he organization engage in direct or indirect policial campion activities on behalf of or in opposition to candidates for a second seco	1	2 Is the organization required to complete Schedule B. Schedule of Contributors? See instructions			
public office? // "Yes," complete Schedule C, Parl //         3         X           Section SOT(6) organizations. Did the cognization engage in tabbying activities, or have a section SOT(6) engagination of the fiber of the section SOT(6) organization control is a fiber of the section SOT(6) organization control is a fiber of the section SOT(6) (SOT(6)) COGNIZATION SOT(6) COGNIZATION In that models membership duies, section SOT(6) cognization in the term of the section SOT(6) COGNIZATION SOLUTION SO	;	3 Did the organization engage in direct or indirect political campaign activities on babel of ot in conscious to condition	··· <i>A</i>		
9         Section 50 (b)(a) organizations. Did the organization engage in tobbying activities, or have a section 50 (b) (e)(a) complete Schedule C, Part II         X           9         In the organization account of 01 (e)(a) (b) (c)(b) (c) or 50 (c)(c) or 50 (c)(c)(c) or 50 (c)(c) or 50 (c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(		public office? If "Yes," complete Schedule C. Part J			v
duing the tax year // * Yes," complete Schedule C, Part //         4         X           b         ta the organization a section SCH(e), S	4	Section 501(c)(3) promizations. Did the organization engage in tobbing activities or house contains for the transfer to		3	
b         b         organization assettion 601(c)(0, 07501(c)(0) organization that neckes membranity cities, essentiation         5         X           d         Dot the organization maintain any donor satisfies funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in use Schedule D, Part III         6         X           d         Dot the organization maintain any donor satisfies funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in use funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in use funds or account balance in the set of a maintain collections of works of ant, historical tessures, or clutosi advices as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account balance and the Part X, or provide credit conselling, debt management, credit repare, fibbl negotation services?         9         X           10         Dd the organization funds or through a reliable organization. hold sates in concresticide endowments or the advorments or the seconde D, Part V         10         X           11         the organization answer to any of the following questions is "Yes," then organize fibbl negotation services?         9         X           11         the organization memory for instrained the result of the seconde D, Part V         10         X           11         the organization memory for instrained the result of the seconde D, Part V         10         X           12 <t< td=""><td></td><td>during the tax year? If Year's comparison of granutation in grant and ying activities, of have a section builty election in ene</td><td></td><td></td><td></td></t<>		during the tax year? If Year's comparison of granutation in grant and ying activities, of have a section builty election in ene			
similar uncurits as defined in Rev. Proc. Be 157 # 'Yes,' complete Schedule C, Part III     5     X       D Dd te organization maintain any donor advesse funds or any similar funds or accounts? III 'Yes,' complete Schedule D, Part II     8     X       D Dd te organization maintain collectione structures? III 'Yes,' complete Schedule D, Part III     8     X       P Dd the organization maintain collectione of works of an, fistorical tractures? III 'Yes,' complete Schedule D, Part III     7     X       P Dd the organization maintain collectione of works of an, fistorical tractures? III 'Yes,' complete Schedule D, Part III     7     X       P Dd the organization maintain collectione of works of an, fistorical tractures, III 'Yes,' complete Schedule D, Part III     8     X       P Dd the organization directly or through a related organization, hold assets in direct relating being with regolitation services?     9     X       P Dd the organization, directly or through a related organization, hold assets in direct relating being with regolitation services?     9     X       P Dd the organization maintain collection in the state organization, hold assets in direct relating being with regolitation services?     9     X       P Dd the organization mont for land, building, and equipment in Part X, ling 10? III 'Yes,' complete Schedule D, Part VI, VI, VII, N, or X, as applicable.     8     X       P Dd the organization mont for land, building, and equipment in Part X, ling 10? III 'Yes,' complete Schedule D, Part VI, 'V (YII, Y, or X, as applicable.     11     X       P Dd t	F	Is the primarization a social to Schedule of Part II		4 –	
9         Dot the organization maintain any donor advised funds or any elimital funds or accounts for which donors high enright to provide advice on the distribution or investment of annuchs in such funds or accounts for which donors high enright to the environment, historic land areas, or historical insultures? If virs, "complete Schedule D, Part II."         Image: the environment, historical areas, or historical insultures? If virs, "complete Schedule D, Part II"         Image: the environment, historical areas, or historical insultures? If virs, "complete Schedule D, Part II"         Image: the environment, historical areas, or historical insultures? If virs, "complete Schedule D, Part II"         Image: the environment, historical areas, or historical insultures? If virs, "complete Schedule D, Part II"         Image: the environment is the environment is the environment is the environment is the environment.         Image: the environment is	~	imiting amounts to define the part of (C)(0) of 50 (C)(0) organization that receives membership dues, assessments of		1	
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I       Image: Complete Schedule		Birthian autourity as defined in new. Proc. 98-197 // "Yes," complete Schedule C, Part III	L	5	
7       Did the organization receive or hold a conservation essementi, including essements to preserve opgrapsion, the environment, historical areas, or historical inscurses?       7       X         8       Did the organization maintain collections of works of art, historical inscurses?       7       X         9       Did the organization maintain collections of works of art, historical inscurses, or other similar assets?       7       X         9       Did the organization maintain collections of works of art, historical inscurses, or other similar assets?       9       X         9       Did the organization, functify or through a related organization, hold assets in doporcestify de endowments or in quality and endowment?       9       X         10       Did the organization, functify or through a related organization, hold assets in doporcestify de endowments or response to any of the following questions is "Yes," then particle Debute D, Parts VI, VII, VIII, X, or X, as applicable.       9       X         11       If the organization report an amount for lawstments - organization report an amount for second parts.       10       X         11       Did the organization report an amount for lawstments - organization report an amount for these completes Schedule D, Parts X, line 13, line 167 H "Yes," complete Schedule D, Part X, line 13, line 167 H "Yes," complete Schedule D, Part X, line 14, brite 32H H "Yes," complete Schedule D, Part X, line 14, brite 32H H = Schedule	a	but did organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
the environment, historic time dreams, or historic structures?       If Yes, "complete Schedule D, Part III	_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	1	6	X
B       Did the organization maintain collections of works of at, historical treasures, or other similar assets 7/4 "Yes" complete <ul> <li>Schedule D, Part II.</li> <li>Did the organization report an amount in Part X, tine 21, for secrew or custodial account (bb/lin) serves as a custodian for anounts not listed in Part X, or provide credit counseling, dobt management, credit repairs of bb/lin parts 8.8 a custodian for anounts in listed in Part X, or provide credit counseling, dobt management, credit repairs of bb/lin parts 10, vill, tox, or X, as applicable.              <ul> <li>Did the organization, directly or through a related organization, hold assets in doporestricted endowments?</li> <li>Vis 4. "complete Schedule D, Part V.</li> <li>If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V.</li> <li>Did the organization report an amount for investments - other securities in PartX, line 10? If Yes, "complete Schedule D, Part V.</li> <li>Did the organization report an amount for investments - other securities in PartX, line 13? If Yes, "complete Schedule D, Part V.</li> <li>Did the organization report an amount for investments - organ netadolimiter X, line 13. that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part V.</li> <li>Did the organization report an amount for other isbatilite in Part X, line 25? If Yes, "complete Schedule D, Part X.</li> <li>Did the organization report an amount for other isbatilite in Part X, line 14. The X, see organization active the securities as a substantian schedule difference as a substant of the tax year? If Yes, "complete Schedule D, Part X.</li> <li>Did the organization report an amount for other isbatinte in Part X, line 13. That is total asseta</li></ul></li></ul>	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III       6       X         Do the organization report an amount in Part X, line 21, for escrow or custodial account jibelity pane, as a custodian for amounts not listed in Part X, provide credit counseling, debt management, credit repail and bbt megotiation services?       8         If Yes, "complete Schedule D, Part IV       9       X         Do the organization, directly or through a related organization, hold assets in doorreestrick endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, 11, Vit, X, or X, as applicable.       10       X         B bit the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V, 11       11       X         B bit the organization report an amount for lands buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V, 11       11       X         B bit the organization report an amount for lands buildings, and equipment 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 V, 11       11       X         C bit the organization report an amount for lands table 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 X, 11       11       X         C bit the organization report an amount for lands table part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If		the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part		7	X
Schedule D, Part III       6       X         Do the organization report an amount in Part X, line 21, for escrow or custodial account jibbility onne, as a custodian feet and provide credit counseling, debt management, credit repairable bibling onne, as a custodian feet and provides calculation services?       8         If Yes, * complete Schedule D, Part IV       9       X         If the organization, directly or through a related organization, hold assets in dorpresenticity endowments       9       X         If the organization report an amount for land, buildings, and equipment in Part X, line 10?       If Yes, * complete Schedule D, Part V       10       X         If the organization report an amount for land, buildings, and equipment in Part X, line 10?       If Yes, * complete Schedule D, Part V       11       X         If the organization report an amount for land, buildings, and equipment in Part X, line 10?       If Yes, * complete Schedule D, Part V       11       X         If the organization report an amount for lands assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16?       11       X         If the organization report an amount for lands able to Part VI.       11       X       11       X         If the organization report an amount for lands able to Part VI.       11       X       11       X         If the organization report an amount for lands able to Part VI.       11       X       11       X     <	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes complete			
9 Dot the organization report an amount in Part X, line 21, for secrow or custocial account globitity seep 34 custodian for amounts not listed in Part X, ine 21, for secrow or custocial account globitity seep 34 custodian services?         V           10 Dot the organization, directly or through a related organization, hold assets in doporesetricitel endowments or or in quasi endowments?         V </td <td></td> <td>Schedule D, Part III</td> <td></td> <td>3</td> <td>x</td>		Schedule D, Part III		3	x
amounts not listed in Part X; or provide credit counseling, debt management, credit regaring debt negotiation services?       v       X         10       Dof the organization, directly or through a related organization, hold assets in deportestrictly endowments       v       X         10       Diffe organization directly or through a related organization, hold assets in deportestrictly endowments       v       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 107 if 'Yes,' complete Schedule D, Part Vi       v       X         12       Diff the organization report an amount for investments - other securifies in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 157 if 'Yes,' complete Schedule D, Part Vii       11b       X         13       bid the organization report an amount for investments - other securifies in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 157 if 'Yes,' complete Schedule D, Part Xii       11c       X         14       X       line 157 if 'Yes,' complete Schedule D, Part Xiii       11d       X         15       Did the organization report an amount for investments - other securifies as targen for the tax year include as clocked by D, Part Xiiii       11d       X         16       Did the organization separate an amount for other tabilitis in Part X line 13, that is 5% or more of its total asset reported in Part X, line 167 if 'Yes,' complete Schedule D, Part Xiiii       11d       X	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability serve as a custodian for			+=
If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in doporrestrictly endowments       9       X         11       If the organization, directly or through a related organization, hold assets in doporrestrictly endowments       10       X         12       If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V       11       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VIII.       11       X         11       Did the organization report an amount for lawstments - other securifies in Part X, line 12, that is 5% or more of its total assets aported in Part X, line 167 If "Yes," complete Schedule D, Part VIII.       11       X         11       Did the organization report an amount for other assets in Part X, line 13; that is 5% or more of its total assets aported in Part X, line 167 If "Yes," complete Schedule D, Part X       110       X         11       Did the organization report an amount for other assets in Part X, line 13; that is 5% or more of its total assets are ported in Part X, line 167 If "Yes," complete Schedule D, Part X       114       X         11       Did the organization fourth or other labilities In Part X line 57 If "Yes," complete Schedule D, Part X       114       X         12       Did the organization aported in part Part X<		amounts not listed in Part X; or provide credit counseling, debt management, credit repair or debt periodiation services?			1
10       Do the organization, directly or through a related organization, hold assets in coparestricted endowments or in quasi endowments in "Yes," complete Schedule D, Parts VI, VII, VII, VII, VI, VI, VII, VII, V		If "Yes," complete Schedule D. Part IV			v
or in quasi endowments? If "Yes," complete Schedule D, Pert V     10     X       11     If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Pert VI     11     X       12     Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Pert VI     11     X       13     Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Pert VI     11     X       14     Did the organization report an amount for land, buildings, and equipment 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 VII.     110     X       15     Did the organization report an amount for other assets 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 VII.     110     X       16     Did the organization report an amount for other labilities in Part X line 25? If "Yes," complete Schedule D, Part X     111     X       17     Did the organization separate or consolidated financial statements for the tax year?     111     X       18     Did the organization separate or consolidated financial statements for the tax year?     111     X       18     Did the organization neutored in the organization action descripting neutored in the tax year?     111 <td< td=""><td>10</td><td>UICING OLOGINIZATION, directly or through a related organization, hold see at a department of the second second</td><td></td><td>'  </td><td><b>↓</b><u>^</u></td></td<>	10	UICING OLOGINIZATION, directly or through a related organization, hold see at a department of the second second		'	<b>↓</b> <u>^</u>
as applicable.       Did the organization report an amount for land, buildings, and equipment in Part X, linp 107 H*Yes,* complete Schedule D, Part VI       118 X         b Did the organization report an amount for land, buildings, and equipment in Part X, linp 107 H*Yes,* complete Schedule D, Part VI       118 X         b Did the organization report an amount for investments - other securities in PartX, line 12, that is 5% or more of its total assets reported in Part X, line 16? H*Yes,* complete Schedule D, Part VI       118 X         c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? H*Yes,* complete Schedule D, Part VII.       110 X         d Did the organization report an amount for other labilities in Part X line 15% or more of its total assets reported in Part X, line 16? H*Yes,* complete Schedule D, Part X       111 X         e Did the organization report an amount for other labilities in Part X line 25% H*Yes,* complete Schedule D, Part X       111 X         f Did the organization report an amount for other labilities in Part X line 25% H*Yes,* complete Schedule D, Part X       111 X         128 Did the organization is separate or consolidated financial statements for the tax year?       114 X         129 Was the organization nelucide in consolidated, independent audited financial statements for the tax year?       114 X         129 Was the organization nelucide in excellent PARV/N/VIVIV H*Yes,* complete Schedule D, Part X in A VII is optionel       128 X         120 Was the organization nelucide in excellent PARV/N/VIVIVI H*Yes		Of In missi enclowments? / ***********************************			
as applicable.               Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part X           b Did the organization report an amount for investments - other securifies in Part X, line 12, that is 5% or more of its total assists reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI.           c Did the organization report an amount for investments - other securifies in Part X, line 13, that is 5% or more of its total assists reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI.           d Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assists reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XI.           e Did the organization report an amount for other assets in Part X, line 12? If 'Yes,' complete Schedule D, Part X          e Did the organization report an amount for other assets in Part X, line 12? If 'Yes,' complete Schedule D, Part X          e Did the organization separate or consolidated financial statements for the tax year?          f Did the organization assets in Dependent audited financial statements for the tax year?          f Did the organization assets assets in Part X.          f Did the organization asset of described in D, Part X and XI as optional          f Did the organization asset of described in D, Part XI and XI as optional          f Did the organization asset of described in Part X.          f Did the organization neaboration	11	the organization's appear to any of the following questions in "Yes" then emission to be a to the second seco	1		A
a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part V       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	• •	a set of galaxies of a set of			
Part V       11a       X         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 167. If 'Yes,' complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related that Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 157 that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part VII.       11c       X         e       Did the organization report an amount for other assets in Part X, line 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part X       11c       X         e       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent studied financial statements for the tax year?       11t       X         12a       Did the organization aschool described and financial statements for the tax year?       11e       X         13b       Is the organization aschool described in acclose activities on expense of more than \$10,000 from granitaking, fundralising, business, investment and program selice activities on expenses of more than \$10,000 from granitaking, fundralising, business, investment, and program selice activities ontexplete Schedule D, Parts X and VI       <			藏義		
b Did the organization report an amount for investments - other securifies in Part X, line 12, that is 5% or more of its total assists reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI.       11b       X         c Did the organization report an amount for investments - organ related im 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 VI.       11c       X         d Did the organization report an amount for other assets 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 X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 16? If 'Yes, 'complete Schedule D, Part X       11t       X         e Did the organization's teapprotein tax positions update fixed 8.05C 740? If 'Yes,' complete Schedule D, Part X       11t       X         12a       Did the organization obtain separate, independent sudited linancial statements for the tax year? If 'Yes, 'complete Schedule D, Part X and XI       12a       X         12a       Was the organization as about described in section 370(VI)(VI)(VI) If 'Yes, 'complete Schedule E       11t       X         13       X       14b       X       11c       X         14a       X       14b       X       11t       X         15a       X       16b       170(	6	bid in biganization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D,			
assots reported in Part X, line 16? // 'Yes, ' complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total       11b       X         d Did the organization report an amount for investments - program related in Part X, line 16? // 'Yes, ' complete Schedule D, Part X,       11c       X         d Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? // 'Yes, ' complete Schedule D, Part X.       11c       X         f Did the organization report an amount for other liabilities in Part X line 25? // 'Yes, ' complete Schedule D, Part X.       11e       X         f Did the organization beparate, independent sudited linancial statements for the tax year?       11f       X         tab the organization included in consolidated, independent sudited linancial statements for the tax year?       11f       X         tab the organization aschol described in section 170(b)(1)/(b)(i) '''res,' complete Schedule D, Part X and X is optional       12b       X         tab the organization aschol described in section 170(b)(1)/(b)(i) ''res,' complete Schedule E       11a       X         tab the organization aschol described in section 170(b)(1)/(b)(i) ''res,' complete Schedule E       11t       X         tab tab organization aschol described in section 170(b)(1)/(b)(i) ''res,' complete Schedule E       11t       X         t		Part VI	11	e X	
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d Did the organization report an amount for other assets in Dept X, line 157 Hall is 6% or more of its total assets reported in Part X, line 167 H "Yes," complete Schedule D, Part X       11d       X         Part X, line 167 H "Yes," complete Schedule D, Part IX       11e       X         If Did the organization report an amount for other liabilities in Part X line 257 H "Yes," complete Schedule D, Part X       11e       X         If Did the organization report an amount for other liabilities in Part X line 257 H "Yes," complete Schedule D, Part X       11e       X         If Did the organization report an amount for other liabilities in Part X line 257 H "Yes," complete Schedule D, Part X       11t       X         If Did the organization is expanse, independent sudified linancial statements for the tax year?       If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         If Did the organization as echool described in section 70(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XI is optione!       12a       X         If the organization maintain an office, enclopers, or agents outside of the United States?       14a       X         If the organization report on Part X, ince 157 M "Yes," complete Schedule D, Part X       14a       X         If the organization as echool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F.       14a       X         If the organization report on Part X, ince 31 and IV       14a <t< td=""><td>¢</td><td>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total</td><td></td><td></td><td>1</td></t<>	¢	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			1
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Part X, line 16? II "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other labilities in Part X line 25? II "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that acidresses       11t       X         f Did the organization's lability for uncertain tax positions under FIN 48 (ASC 740? II "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization obtain separate, independent sudited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XII       12a       X         b Was the organization achoed in consolidated, independent audited financial statements for the tax year?       12b       X         114       X       12a       X         b Was the organization answepd "No" op ine 12a, then completing Schedule D, Parts XI and XII is oplicine!       12b       X         114a       X       12b       X       12b       X         114a       Did the organization namouth or objects active an \$10,000 from grantmaking, fundralsing, buriness, investment, and program services activities outside the United States, or aggregate foreign investments valued at \$100,000 or	d	Did the organization report an amount for other assets in Part X, line 15 that is 6% or more of its total assets reported in		1	+
e Did the organization report an amount for other liabilities in Part X line 25? If 'Yes,' complete Schedule D, Part X		Part X, line 16? // "Yes," complete Schedule D. Part IX	1 44,		Y
1       Did the organization's separate or consolidated fipancial blaggefits for the tax year include a footnote that addresses the organization bitain separate, independent sudited linancial statements for the tax year?       111       X         2a       Did the organization obtain separate, independent sudited linancial statements for the tax year?       111       X         2a       Did the organization included in consolidated, independent audited financial statements for the tax year?       111       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         b       Was the organization answerid 'No 'No line '12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other a	e	Did the organization report an amount for other liabilities in Part X line 25? # "Yes " complete Schedule D. Part X			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? // *Yas,* complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited linancial statements for the tax year?       // *Yes,* complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       // *Yes,* complete       12a       X         13b       Was the organization answered *No* to the 12a, then completing Schedule D, Parts XI and XII is optionel       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities cutside the United States, or aggregate foreign investments valued at \$100,000 or more? // *Yes,* complete Schedule F, Parts I and IV       14b       X         5       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for toreign individuals? // *Yes,* complete Schedule F, Parts II and IV <t< td=""><td>f</td><td>Did the organization's separate or consolidated inancial statements for the tax was include a (orthorte the addressor</td><td><u> </u></td><td></td><td></td></t<>	f	Did the organization's separate or consolidated inancial statements for the tax was include a (orthorte the addressor	<u> </u>		
12a       Did the organization obtain separate, independent sudited linancial statements for the tax year?       If "Yes," complete         Schedule D, Parts XI and XI       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b         If "Yes," and if the organization answerbd "No" to line 12a, then completing Schedule D, Parts XI and XI is optional       12b         13       is the organization maintain an office, employees, or agents outside of the United States?       13         14a       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? // "Yos," complete Schedule F, Parts II and IV       14b       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for for long individuals? // "Yes," complete Schedule F, Parts II and IV       16       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for reign individuals? // "Yes," complete Schedule F, Parts II and IV       16       X         7       Did the organization report more than \$15,000 of aggregate grants or other assistance to or for any toreiegn individuals? // "Yes,"		the organization's liability for uncertain tax positions under FIN 48 (ASC Z4012) when the approximation and the approximation of the second			
Schedule D, Parts XI and XI       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11       12b       X         If "Yes," and if the organization asswered "No" to line 12e, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization aschool 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 report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report an Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individials? If "res," complete Schedule F, Parts III and IV       16       X         7       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individials? If "res," complete Schedule G, Part II and IV       16       X         7       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column	12a	Did the prognization obtain separate independent and interview in the compare Schedule U, Pen X	111		A
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         if "Yes," and if the organization answerd "No "to ine 12e, then completing Schedule D, Parts XI and XII is optional       12b       X         13       is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employses, or agents outside of the United States?       14a       X         b       Did the organization neotide schedule F, Parts II and IV       14a       X         15       Did the organization report of Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report of Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         7       Did the organization report on Part IX, column (A), line 3, more than \$15,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         8       Did the organization report more than \$15,000 of grass income from gaming activities on Part Vili, line 9a? If 'Yes,"		Schooling D Parter VI and VI	1	1	
If "Yes," and if the organization answered "No" to line 12e, then completing Schedule D, Parts XI and XII is optional       12b       X         13       is the organization a school described in section 170(b)(1)(A)(ii)? (f "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "fes," complete Schedule F, Parts III and IV       16       X         7       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any tore or for elegn individuals? If "fes," complete Schedule G, Part II See instructions       17       X         8       Did the organization report more than \$15,000 ot as gregate grants or other assistance to or for the state organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II <td>Ь</td> <td>Was the conservation included to conservational distance and the distance of the state of the st</td> <td>128</td> <td>Ч<b>—</b></td> <td>X</td>	Ь	Was the conservation included to conservational distance and the distance of the state of the st	128	Ч <b>—</b>	X
13       is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program schice activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         5       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         7       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for rany foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         8       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line \$2? If 'Yes,"       18       X         9       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line \$2? If 'Yes		While organization included in consolidated, independent audited intancial statements for the tax year?			
4a Did the organization maintain an office, employées, or agents outside of the United States?       14a       X         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         6 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         6 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         7 Did the organization report on Part IX, column (A), line 3, more than \$15,000 of aggregate grants or other assistance to or for any tor foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         3 Did the eiganization report more than \$15,000 of gross income from gaming activities on Part VIII, line \$a? If 'Yes,"       18       X         9 Did the organization operate one or more hospital facilities? If 'Yes," complete Schedule H       20a       X         18 Did the organization operate one or more	~	II 'Yes, and II the organization answered 'No "To line 12e, then completing Schedule D, Parts XI and XII is optional	12b		
b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program solvice activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule <i>F</i> ; Parts I and IV       14b       X         5       Did the organization report on Part IX; column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX; column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule <i>F</i> , Parts II and IV       15       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule <i>F</i> , Parts III and IV       16       X         7       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       17       X         3       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line \$2? If "Yes,"       18       X         4       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         5       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         6       Did the organization operate one or more hospi	ð	is the organization a school described in section 70(0)(1)(A)(ii)? If *Yes, * complete Schedule E	13		
Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         5       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         7       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 5, and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         3       Did the eiganization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,"       18       X         9       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         9       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         9       Did the organization attach a copy of its audited financial statements to this return?       20b       20b         9 <td>42</td> <td>Did the organization maintain an office, employees, or agents outside of the United States?</td> <td>14a</td> <td></td> <td>X</td>	42	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
or more? // "Yes," complete Schedule F, Parts I and IV       14b       X         5       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? // "Yes," complete Schedule F, Parts // and IV       15       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? // "Yes," complete Schedule F, Parts // and IV       16       X         7       Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? // "Yes," complete Schedule G, Part I. See instructions       17       X         8       Did the organization report more than \$15,000 of gross income and contributions on Part Vill, lines 16 and 8a? // "Yes," complete Schedule G, Part II       18       X         9       Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H       20e       X         9       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"       19       X         9       Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H       20e       X         9       Did the organization perform or than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule H       20e       X	þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? // "Yes," complete Schedule F, Parts // and IV       15       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? // "fes," complete Schedule F, Parts // and IV       16       X         7       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) fines 6 and 11e? // "Yes," complete Schedule G, Part I. See instructions       17       X         8       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 and 8a? // "Yes," complete Schedule G, Part II       18       X         9       Did the organization operate one or more thospital facilities? // "Yes," complete Schedule H       19       X         11       X       20a       X         12       Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H       20a       X         13       Did the organization operate one or more thospital facilities? // "Yes," complete Schedule H       20a       X         14       Y       Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         14       Yes" to line 20a, did the organization attach a		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
6       Did the organization report on tearl IX; column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? // "Yes," complete Schedule F, Parts // and IV       15       X         6       Did the organization? // "Yes," complete Schedule F, Parts // and IV       16       X         7       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 5 and 11e? // "Yes," complete Schedule G, Part I. See instructions       17       X         8       Did the organization report more than \$15,000 of grass income and contributions on Part VIII, lines 1 and 82? // "Yes," complete Schedule G, Part II       18       X         9       Did the organization operate one or more thospital facilities? // "Yes," complete Schedule H       19       X         10       the organization operate one or more hospital facilities? // "Yes," complete Schedule H       19       X         20a       X       20a       X       20a       X         11       Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b       20b       20b       20b       20b       20b       20b       21       X		or more? // "Yes," complete Schedule & Perts I and IV	14b		х
foreign organization? # "Yes," complete Schedule F, Parts II and IV       15       X         6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? # "Yes," complete Schedule F, Parts III and IV       16       X         7       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? # "Yes," complete Schedule G, Part I, See instructions       17       X         8       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? Wayes, "complete Schedule G, Part II       18       X         9       Did the organization operate one or more thospital facilities? If "Yes," complete Schedule H       19       X         10       the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20e       X         10       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20e       X         11       18       X       20e       X         12       13       14       20e       X         14       20e       X       20e       X	Þ	Did the organization report on train 1% column (A), fine 3, more than \$5,000 of grants or other assistance to or for any			
6       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         7       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         3       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 and 8a? If Yes, "complete Schedule G, Part II       18       X         9       Did the organization oreport more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,"       18       X         9       Did the organization operate one or more hospital facilities? If 'Yes," complete Schedule H       20s       X         9       If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         0       If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         0       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes," complete Schedule H       20b       20b		foreign organization? // "Yest complete Schedule F. Parts // and //	146		x
or for foreign individuals? // "Yes," complete Schedule F, Parts III and IV       16       X         7       Did the organization reports total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? II "Yes," complete Schedule G, Part I. See instructions       17       X         8       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         9       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         9       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         9       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         9       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         9       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II       20b       20b	6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of apprenate graphs or other secisiones to	┝┉	╂───┦	<u></u>
7       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? // "Yes," complete Schedule G, Part I, See instructions       17       X         8       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? // Yes, "complete Schedule G, Part II       18       X         9       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"       18       X         9       Did the organization operate one or more thospital facilities? // "Yes," complete Schedule H       19       X         9       Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H       20a       X         9       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         9       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // "Yes." complete Schedule I, Parts I and II       20b       20b		or for foreign individuals? // "yes " complete Schedule E. Parte III and N/			v
column (A) lines 5 and 11e? // "Yes," complete Schedule G, Part I. See instructions       17       X         B       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         B       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"       18       X         B       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"       18       X         B       Did the organization operate one or more thospital facilities? // "Yes," complete Schedule H       19       X         Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H       20a       X         Did the organization operate one or more thospital facilities? // "Yes," complete Schedule H       20b       20b         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // "Yes." complete Schedule I, Parts I and II       21       X	7	Did the organization reports intai of more than \$15,000 of expansion for professional fundation and the state	16	-	<u></u>
B       Did the eigenization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         In and 8a? If Yes, "complete Schedule G, Part II       18       X         Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20b       20b         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II       21       X		chima (Aviines 6 and 162 / West Learning Colorido Colorida Colorida Colorida Colorida Colorid			
10 and 8a? Wyes, "complete Schedule G, Part II       18       X         10 bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line Sa? If "Yes,"       18       X         10 bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line Sa? If "Yes,"       19       X         10 bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20s       X         11 bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20s       X         11 bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20s       X         12 bid the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II       21       X		Did the draw loss a contract the rate of the one had a start in one instructions	17		<u>x</u>
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // *Yes,*       19       X         a Did the organization operate one or more hospital facilities? // *Yes,* complete Schedule H       20a       X         b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // *Yes.* complete Schedule I. Parts ( and II)       21       X		the one expension report more train \$13,000 total of fundraising event gross income and contributions on Part VIII, lines			
complete Schedule G, Part III       19       X         a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       208       X         b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II       21       X		to ano bar II yas, "complete Schedule G, Part II	18	X	
a Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H       20a       X         b // "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // "Yes." complete Schedule I. Parts I and II.       20b       21       X		Disance organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes, "			
a Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H       20a       X         b // "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // "Yes." complete Schedule I. Parts I and II       21       X	6	complete Schedule G, Part III	19		Х
b. If 'Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       20b         domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II.       21	4.21	Jo ine organization operate one or more hospital facilities? If "Yes " complete Schedule H	208		X
Diame organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts ( and II	Б	"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
domestic government on Part IX, column (A), line 1? // "Yes." complete Schedule I. Parts ( and II	L	Joane organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		tomestic government on Part IX, column (A), line 1? // "Yes." complete Schedule I. Parts I and II	21		х
	223		the second s		

Form 990 (2021)

Form 990 (2021)	DRESS	FOR	SUCCESS	LOUISVILLE	INC
Rart IV Checklist of I	Required S	Schedu	les (continued	1	

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22				
	Part IX, column (A), line 2? If *Yes," complete Schedule I, Parts I and III	22		
23	and the second of the second o			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete			
	Schedula K. If "No," go to line 25a	24a		
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	<u>'</u>	
	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?	<u>24d</u>		
251	a 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		
1	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete		1	
	Schedule L, Part I	255		1
26	Did the organization report any amount on Parl X, line 5 or 22, for receivables from or payables to any current	1	1	1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1	1	
	controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II	0.0	I	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26	<del> </del>	+
ato-f		1	l	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		+
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			1000
	instructions for applicable filing thresholds, conditions, and exceptions):		No.	
ð	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			Τ
	"Yes, " complete Schedule L, Part IV	28a		I
þ	A family member of any individual described in line 28a? // 'Yes, ' complete Schedule L, Part IV	28b		t
ċ	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? //			╀
1	"Yes," complete Schedule L, Part IV	20-		L
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		╀
		29		╞
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ł
<b>.</b> .	contributions? If "Yes," complete Schedule M	30		L
31	Did the organization liquidate, terminate, or dissolve and cease operations? // 'Yes,' complete Schedule N, Part I	31		L
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes, complete			
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Г
	sections 301.7701-2 and 301.7701-3? # 'Yes,' complete Schedule R, Part i	33		
34	Was the organization related to any tax-exempt or taxable entity? // *Yes, * complete Schedule R, Part II, III, or IV, and			H
70°				Ι.
9E -		34		_
AD H	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Q	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?		T	
i	If Yes, * complete Schedule R, Part V, line 2	36	1	2
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	-
	and that is treated as a partnership for federal income tax purposes? // 'Yes," complete Schedule R, Part VI	37		2
38 1	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	┝╧┶┼╴		-
			• I	
Part		38	X	
104-0-5	Charle if Schedule O contains a rais to could a to the bit Dark M			_
	Check if Schedule O contains a response or note to any line in this Part V		لېد	L
		Y	'es	N
	Enter the number reported in box 3 of Form 1096. Enter -D if not applicable			
	Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	教育		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	國際		
	gambling) winnings to prize winners?	1c	x	
				_
	2:00:21	Form 9	<b>n</b>	in

	n 990 (2021) DRESS FOR SUCCESS LOUISVILLE INC.	61-13	83568 Pag
12	Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)	é
0-	Enter the sumber of sumbarray to the the state of the sta	1 1	Yes
28	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	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax re	etums?	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruct	llons.	
38	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. Sa 2
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sched	ule O	зь
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er authority over, a	
	financial account in a foreign country (such as a bank account, securities account, or other financial	al account)?	48 2
b	If "Yes," enter the name of the foreign country	A 1	2858 5565 80
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financia	Accounts (FBAR)	- 63 64 6
<b>5</b> a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	7	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction?	5b X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	le l	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organization solicit	
	any contributions that were not tax deductible as charitable contributions?		6a X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or aifts	
	were not tax deductible?	and a built	
7	Organizations that may receive deductible contributions under section 170(c).	***************************************	6b
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for poors and	services provided to the asympt	78 X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	to the provided to the payor	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	woo romirod	76 X
	to file Form 8282?		
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7 7 1	7c X
	Did the organization receive any funds, directly or indirectly, to pay premiures on a personal benefit		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	contract?	70
g	I the organization received a contribution of qualified intellectual property, did the organization file F	LACLY	7f
b í	I the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	orm 8899 as required?	79
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ation file a Form 1098-C?	7h
	porcoring organization have average business haddens at an and a denor advised fund maintaine	d by the	558 15 H
9.8	ponsoring organization have excess business holdings all any time during the year?		8
aí	bonsering organizations maintaining donor advised funds.		MARG 42825 1897
	are eponedring organization make any takable distributions inder section 49667	*************	9a
10 5	Id the sponsoring organization make a distribution to a donor donor advisor, or related person? Section 50 1(c)(7) organizations. Enter:	************	9b
	Mindlen Frank and han blat same the structure to the structure of the stru	1 1	
ыц Б.С	itiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>	
- b G	tross receipts, included on Form 990, Part Vill, line 12 for public use of club facilities	106	
11 \$	ection 50 t(o)(12) organizations. Enter		
a G	loss Income from members or shareholders	11a	教育 陸邦 史一
DG	loss income from other sources. (Do not net amounts due or paid to other sources against		
1	ross income from other sources. (Do not net amounts due or paid to other sources against nounts due or received from them.)	11b	
144 12	recom 4947(a)(1) non-exemptionantable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a
P II	"Yes," enter the amount of tax exempt interest received or accrued during the year	12b	
13 S	ection 501(c)(29) qualified nonprofit nealth insurance issuers.		<b>國民 副王 山东</b>
a is	the organization licensed to usue qualified health plans in more than one state?	*********	13a
N	te: See the instructions to additional information the organization must report on Schedule O.		智識 國語 金叶
b Er	ter the amount of reserves the organization is required to maintain by the states in which the		AS AS IN
Or	panization is licensed to issue qualified health plans	13b	
C En	ter the amount of reserves on hand	13c	
14a Di	I the organization receive any payments for indoor tanning services during the tax year?		14a X
þ If,	Yes, thas if filed a form 720 to report these payments? If "No," provide an explanation on Schedul	• 0	146
15 İs i	he organization subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remuner	stion or	
ex	tess parachute payment(s) during the year?		40 V
Ifa	Yes, see the instructions and file Form 4720, Schedule N.	****	16 X
	he organization an educational institution subject to the section 4968 excise tax on net investment	income?	the second se
V 2010 I	The second	in the second	16 X
	ces. Complete Form 4720, Schedule O.		
	(es,* complete Form 4720, Schedule O. Stion 50 1(c)(21) organizations. Did the trust, any disqualified person, or mine operator organs is a	F	Generalized all all all all all all all all all al
7 Se	tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	inv –	
୍ୟା" 7 Se act		<b>iny</b>	17

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 Form 990 (2021)
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 Pattyli
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule D. See instructions.

		Yes
1		13
	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.	
		13
2		
	officer, director, trustee, or key employee?	2
3		·
-	of officers, directors, trustees, or key employees to a management company or other person?	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 3
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	
6	market bar a second of the sec	
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6
	more members of the governing body?	7 <u>a</u>
Ľ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	
	persons other than the governing body?	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
8	The governing body?	8a X
b	Each committee with authority to act on behalf of the governing body?	86 X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	
	organization's mailing address? If *Yes.* provide the names and addresses on Schedule O	9
Sec	ption B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	
	Better the test of the second s	Yes
108	Did the organization have local chapters, branches, or affiliates?	10a
þ	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates,	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X
þ	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X
b.		12b X
.C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, " describe	
	on Schedule O how this was done	12c X
13	Did the organization have a written whistleblower policy?	13 X
14	Did the organization have a written document retention and destruction policy?	14 X
15	Did the process for determining compensation of the following persons include a review and approval by independent	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official	16a X
b	Other officers or key employees of the organization	15b X
	If 'Yes' to line 15a or 15b, describe the process on Schedule O, See instructions,	通知的 初にも
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
	taxable entity during the year?	16a
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100 SPA
	In joint venture arrangements under applicable federal tax law, and take steps to sateguard the organization's	
	exempt status with respect to such arrangements?	
Sect	ion C. Disclosure	166
17	List the states with which a copy of this Form 990 is required to be filed >KY	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 T (section 601(c)(3)s	i Only) available
ţ	for public inspection. Indicate how you made these available. Check all that apply,	
	X Own website Another's website Upon request X Other (explain on Schedule O)	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financial
	statements available to the public during the tax year.	·
	State the name, address, and telephone number of the person who possesses the organization's books and records	
	THE ORGANIZATION - 502-584-8050	
	913 E. MAIN ST #101B, LOUISVILLE, KY 40206	

08390513 757979 0918901

2021.03041 DRESS FOR SUCCESS LOUISVI 09189011

	hours per week	60	iX, Uni	ess pi	erson	e lhan Is bo Ior/tru	th an	compensation	compensation	amount of
	(list any	Ĩ		Τ	Τ	Т	Ť	- Irom	from related organizations	other compensation
	hours for	10				2			(W-2/1099-MISC/	from the
	related	i i i	Neg State			H	4	(W-2/1099-MISC/	1099 NEC)	organization
	organization	slē	Ĩ		1	E.		1099 NEC)		and related
	below line)	on Individual itraties er director	institute suggion	Officer	fay employee		Ë,	organization (W-2/1099-MISC/ 1099-NEC)		organizations
(1) MICHELLE DAYVAULT	40.00	-	1	1ª	F			7		
EXECUTIVE DIRECTOR		1		X	i de la composition de la comp	4.	4	64,553.	0.	0.
(2) RENEE NADEAU	1.00	Τ	Γ							·····
CHAIR BLECT		1		X	]			0.	0.	0.
(3) JAMIE WEBB	1.00	1	1				Î -		<b>V</b> .	<u> </u>
VICE CHAIR		14		x				<b>0.</b>	0.	0.
(4) JENNIPER LEIBSON	1.00	2259000	-		Į.	1				<u> </u>
BECRETARY	1	ESSE.	ا ا	X				Ο.	0.	0.
(5) RACHEL GUTTSTEIN	1.00	1		1				· · ·	<u> </u>	<u>v.</u>
TREASURER		x		í I				0.	0.	0.
(6) DALLAS CHEATHAM	1.00		5902°					<u> </u>	V.	<u> </u>
BOARD MEMBER .		<b>x</b>						0.	0.	0,
(7) VERONICA HIRIAMS	1.00	5							V.	
BOARD MEMBER		X						ο.	0.	0.
(8) DIANE ISDITH	1.00						-1	<u> </u>	<u> </u>	<u> </u>
BOARD MEMBER	<b>F</b>	X						ō.	ö.	Ò.
(9) BANSARI MAHTA	1.00				-1		-+			V •
BOARD MEMBER	N.	X					1	0.	0.	Ó.
(10) TONY NASON	1.00					{		<u></u>		
BOARD MEMBER		X						o.	o.	0.
(11) PARIS PARADA	1.00					-	1		<u>×</u>	<u> </u>
BOARD NENBER		X						o.	o.	0.
(12) PJ RICHTER	1.00	<u> </u>		$\neg$	1	-	1			<u> </u>
		x						0.	0.	0.
(13) ALLISON JANISON WOOBLEY	1.00									and the second
BOARD MENBER		x		_				0.	0.	0.
		Τ				T	T			an mananan kanan kana
Q										
		1	1	T	1	T	1			
32007 12-00-21					walaa	-	بنملنين			orm 990 (2021)

7

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

(B)

Average

Page 7 Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

61-1383568 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Section A.

DRESS FOR SUCCESS LOUISVILLE INC.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

Enter O in columns (D), (E), and (F) if no compensation was paid.

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

(C)

Position

(do not check more than one

(D)

Reportable

(E)

Reportable

(F)

Estimated

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 trustee of the organization,

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

more than \$10,000 of reportable compensation from the organization and any related organizations.

Form 990 (2021)

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

(A)

Name and title

	Part VII Section A. Officers, Directors,		nploy	/00S,		lighe	est C		1	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	th of therefor	o nol ci 4, Unie:	(C) Positi heck mo st perso st e direct	ie Ban n is bol dor/trus	UI AN Indensi	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimate amount other compensa from the organizati and relate organizatio
-	1922/1921 10	MI (6)	2	Ē	55	. <u>2</u> 5	2	·····		
				┝─┤	_					
									······································	
							$\square$			
<b></b>				$\neg \uparrow$	$\top$			*******		<u>†</u>
6-22-C				$\neg$			┠─┤			
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*	<b></b>			_		$\left  \right $				
	subtotal					1	⊳ I	64.553.1	0.	1 (
c d	c Total from continuation sheets to Par 1 Total (add lines 1b and 1c)	t VII, Section A	*****					64,553. 0. 64,553. eived more than \$100.0	0 • 0 • 0 •	C
¢	Total from continuation sheets to Par Total (add lines 1b and 1c) Total number of individuals (including bu compensation from the organization Did the organization list any former office	t VII, Section A	ose li e, ke	sted y em	above	) who	b rec	0 • 64 , 553 • eived more than \$100,0 est compensated emplo	0 . 0 . KOO of reportable	( ( )   Yes   N
c d 2 3 4	Total from continuation sheets to Par Total fadd lines to and tc) Total number of individuals (including bu compensation from the organization Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$	t VII, Section A	e, ke com	sted y em upena	above ploye sation	) who and a	highe	0 • 64,553 • eived more than \$100,0 est compensated emplo r compensation from the such individual	0 • 0 • 100 of reportable 1yee on e organization	Yes N 3 2 4 2
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¢ 2 3 4 5	<ul> <li>Total from continuation sheets to Part 1 Total (add lines 1b and 1c)</li></ul>	t VII, Section A It not limited to the cer, director, truste or such individual sum of reportable 150,000? If "Yes," or accrue compens <u>omplete Schedule</u> compensated inde	e, ke con com atior J for	sted y em pens plete i from such	above ployed sation s Sche n any <u>n persi</u>	) who ) who and c dule unreli	high other J for ated	0 . 64,553. eived more than \$100,0 est compensated emplo r compensation from the such individual organization or individu received more than \$10	0 • 0 • 000 of reportable byee on e organization ual for services	Yes N 3 2 4 2 5 X
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¢ 2 3 4 5	<ul> <li>Total from continuation sheets to Part</li> <li>Total fadd lines 1b and 1c)</li> <li>Total number of individuals (including by compensation from the organization is compensation from the organization is any former office line 1a? // "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? // "Yes." coulon B. Independent Contractors</li> <li>Complete this table for your five highest the organization. Report compensation for (A) Name and busine</li> </ul>	t VII, Section A It not limited to the cer, director, truste or such individual sum of reportable 150,000? If "Yes," or accrue compens <u>omplete Schedule</u> . compensated inde or the calendar yea	e, ke com atior penc	sted y em pere plete for for for for for for for for for for	above ployed sation s Sche n any <u>n persi</u>	) who ) who and c dule unreli	high other J for ated	0 . 64,553. eived more than \$100,0 est compensated emplo r compensation from the such individual organization or individu received more than \$1 te organization's tax yea (B)	0 • 0 • 000 of reportable byee on e organization ual for services 00,000 of compensati ar.	Yes         N           3         3           4         3           5         3
¢ d 2 3 4 5 5 5 6 c 1	<ul> <li>Total from continuation sheets to Part</li> <li>Total fadd lines 1b and 1c)</li> <li>Total number of individuals (including by compensation from the organization is compensation from the organization is any former office line 1a? // "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? // "Yes." coulon B. Independent Contractors</li> <li>Complete this table for your five highest the organization. Report compensation for (A) Name and busine</li> </ul>	t VII, Section A	e, ke com atior <u>Jfor</u> Penc r ent	sted y em pens plete i for such fent ( ding VB	above eation o Sche n any 1.0efsr contra with o	) who and c dule clors with	higher other that in that	0 . 64,553. eived more than \$100,0 est compensated emploid r compensation from the such individual organization or individu received more than \$10 te organization's tax ver (B) Description of ser	0 . 0 . 0 0 of reportable syse on e organization ual for services 00,000 of compensation ar. vices Compensation	Yes         N           3         3           4         3           5         3

		) (2021) DRI	ESS FOR SU	CCESS LOU	ISVILLE IN	<u>vc.</u>	61-13	<u>83568 Pa</u>
Par								í.
*****		Check if Schedule O	contains a respons	e or note to any li	ne in this Part VIII (A)	(B)	(C)	Advant (D)
					Total revenue	Related or exempt	Unrelated	Revenue exclu
						function revenue	business rever	sections 512 -
3 40	1 :	Federaled campaigns	18					A Sections 512 -
and Other Similar Amounts								
5 2		Fundraising events		32,070.			6	- <b>-</b>
۶Ś				52,070.				
9		Government grants (contr						
		All other contributions, gifts,				1		
	,	similar amounts not included		213,120.				
ö	a	Noncesh contributions included in I						
	h	Total. Add lines 1a-11		<b>b</b>	245,190.			
1			***********************************	Business Code	210/190.		Specific and set of the set of	
	2 a				- regist statement of the second of the		Opposite and other standard stan	
	ъ. b			1				
and a	c							
K	đ				4			
Revenue	e				<u> </u>			
	ŧ	All other program service r	evenue					
	ġ	Total Add then a field			<u> </u>	20 52 52 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		a name
1 8	3	Investment income (includi			100 V			ends and and an additional and a second
		other similar amounts)				1		
4	4	Income from investment of						+
6	5	Royalties			and the			
		•	(i) Real	(ii) Personal				C Coldescences
6	3 a	Gross rents	6a	1	(* 19 <b>)</b>			
	b		6b					
	C		6c	4				i de la composición d
	à	Net rental income or (loss)			1			
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
		Less: cost or other basis						
			76					
	c	Gain or (loss)	70					
		Net gain or (loss)	<b>\$</b>	Def D				- West State of the United States
8	8	Gross income from Jundraising	events not			UN KONSTRUCTO		
		Including \$ 32,	070. 01				and the second	and the second
		contributions reported on lir	ve Tc) See				17	
		Part IV, Jine 18	8a	22,797.	and the second second	A succession of the second		
	b	Less: direct expenses	85	19,282.				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		Net income or (loss) from ful	ndreising events	•	3,515.			3,515
		Gross income from gaining i		and the second se	Contraction of the second	A CONTRACTOR OF		THE REAL VE
	1	Part IV, line 19	9a	3,100.				
	ь	ess: direct expenses	96	2,808.	and the second structure			
		Net income or (loss) from ga		<b>b</b>	292.	199 (199 (199 (199 (199 (199 (199 (199		292
		Gross sales of Inventory, less				in (Contractor) (		the second second
		and allowances	10a	7,390.				BERRY VOL
	ьL	essi cost of goods sold	105	0.				Contraction of the
		let income or (loss) from sal		y the Carthan 🖒	7,390.	7,390.	and the second	And the second fraction from by the second
		V.V	1	Business Code		the stand of the stand second second stands and the	e i se i si	
	Č.	Y	ľ					and a strain one of a state of the strain
, and	b. 1							
6			t					*****
	<b>F</b> •	I other revenue						
Ŵ	f - 5	otal. Add lines 11a-11d			E	101月秋天的中国家11月1日	te en i en se	NAMES IN
12	- 66.52	otal revenue. See instructions	na da antes de la companya de la com En companya de la comp	inninnui 📕	256,387.	7,390.	0.	3,807.
		THE PARTY AND		A & LA &			V +	J, UU / 4

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#### Form 990 (2021) DRESS FOR SUCCESS LOUISVILLE INC. Part IX Statement of Functional Expenses

61-1383568 Page 10

-	ction 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo		this Part IX		
Do 7b	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	and domestic governments. See Part IV, line 21				
2					
	Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16		,,,,,,,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C4 553	50.054		
~	trustees, and key employees	64,553.	50,861.	7,237.	6,455.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)	FC 400			
7	Other salaries and wages	56,428.	51,891.	1,878.	2,659.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			i	
9	Other employee benefits	10 010	~~~~~		
10	Payroli taxes	10,012.	8,510.	725.	777.
11	Fees for services (nonemployees):				
8	Management				
b		7 600			
	Accounting	7,600.	6,080.	760.	760.
d	Lobbying				
ę	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				·····
â	Other. (If line 11g amount exceeds 10% of line 25,	2,570.	0 055	057	
	column (A), amount, list line 11g expenses on Sch 0.)	<u> </u>	2,056.	257.	257.
12	Advertising and promotion	13,370.	10 605	1 205	1 5/5
13 14	Office expenses	8,553.	10,695.	1,407.	1,268.
	Information technology	0,000.	0,045.	852.	852.
16	Royalties	42,981.	35,030.	4,152.	1 800
	Occupancy	1,182.	901.		3,799.
	Payments of travel or entertainment expenses		501.	180.	101.
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
2	Payments to affiliates	1,390.	1,112.	139.	130
	[1] A. C. M.	5,322.	4,258.	532.	139.
	Insurance Other expenses not covered	3,324.	* , 2 J U A	2321	532.
5	shove // ist miscellaneous expenses on line 24e //		Provide Contractor	and the second	
	Ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a	SUPPLIES	3,973.	3,973.	ann ann ann ann ann ann ann ann	
	OUTSIDE CONTRACTORS	2,825.	2,000.	575.	050
	BUSINESS REGISTRATION F	1,484.	252.	1,200.	250.
	NORLDWIDE FEES	515.	515.	± / & V V ·	32.
-	All other expenses	1,237.	957.	159.	121.
	otal functional expenses. Add lines 1 through 24e	223,995.	185,940.	20,053.	18,002.
	oint costs. Complete this line only if the organization				10,002.
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising splicitation.				
	heck here				

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Form 990 (2021)

-Successia

Pa	IT X	DI2021) DRESS FOR SUCCESS LOUISVILLE			-1383568 Page
		Check if Schedule O contains a response or note to any line in this Part X	****		
	-		(A) Beginning of year	T	End of year
	1	***************************************	112,438	1	142,41
	2	Savings and temporary cash investments		2	N/
	3	Pledges and grants receivable, net		.8	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			and a second second
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		6	
	6	Loans and other receivables from other disqualified persons (as defined			Designed and the second
		under section 4958(I)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	-
Assets	8	Inventories for sale or use	61/250.	8	61,250
۲	9	Prepaid expenses and deferred charges	ASSEL: AST AND	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 65, 57			
	b	Less: accumulated depreciation 10b 56, 533		10c	9,044
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intengible assets	Ned and the second seco	14	
	15	Other assets. See Part IV, line 11	3,093.	15	3,093
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	215,800
	17	Accounts payable and accrued expenses	139.	17	396
	18	Grants payable	1	18	
	19	Deferred revenue		19	
	20	Tex-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part Not Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	and the second	24	
		Other liabilities (including federal income tax payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
4	26	Total Ilabilities. Add lines 17 through 25	139.	26	396.
		Organizations that follow FASB ASC 958; check here 🕨 🔀			e des lites e serveres
		and complete lines 27, 28, 32, and 33.	5. 例子 <b>了</b> 。		STRUCTOR NO.
2		Net assets without donorrestrictions		27	139,389.
2		Net assets with donor restrictions	76,015.	28	76,015.
1		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
	1	and complete lines 29 through 33,	《西洋市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市		
	9 (	Capital stock or trust principal, or current funds		29	
	Ø F	Paid in or capital surplus, or land, building, or equipment fund		80	
3	1 F	Retained earnings, endowment, accumulated income, or other funds		31	
3	2 1	otal net assets or fund balances	183,012.	32	215,404.
3	3 Т	otal labilities and net assets/fund balances	183,151.	33	215,800.



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	m 990 (2021) DRESS FOR SUCCESS LOUISVILLE INC.	61-1	383568	Page 1
5.40				
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>		
1	Total revenue (must equal Part VIII, column (A), line 12)		050	
2	Total expenses (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)			, 387.
3	Revolution from extremeters . Defense the state of the st	2		,995. ,392.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,012.
5	Net unrealized gains (losses) on investments	5	703	,012.
6	Donaled services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			<u>v.</u>
	column (B))	10	215	,404.
Pa	TXII Financial Statements and Reporting			/ 404.
	Check if Schedule O contains a response or note to any line in this Part XI			
b c 3a	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 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 compiled on a separate separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Schei As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required available the organization did not undergo the required available the relation of the required audit or audits? If the organization did not undergo the required available the organization undergo the required audit or audits? If the organization did not undergo the required available the organization undergo the required audit or audits? If the organization did not	on a basis, audit, tule O. le Audit		es No X X X X X X X
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h	1



#### 08390513 757979 0918901

SCHEDULE A (Form 990) Depariment of the Treasury Internal Revenue Service	Complete if th	Charity Status a e organization is a section 4947(a)(1) nonexempt > Attach to Form 990 /.irs.gov/Form990 for instru	501(c)(3) or charitable to or Form 990	ganizati rust. D-EZ.	on or a section	OMB No. 1545-8047 <b>2021</b> Openta Public Inspection
Name of the organizati	on					ployer identification number
Part I Reason	DRESS FOR S	SUCCESS LOUISVI	LLE IN	IC.		61-1383568
		atus. (All organizations mu				
		e it is: (For lines 1 through 12				
		sociation of churches descrit		ion 170(t	o)(1)(A)(i). 🛛 🐧	. X
		(A)(ii). (Attach Schedule E (F			C <sup>ERT</sup>	
		ice organization described in				*
		d in conjunction with a hosp	ital described	d in sec	tion 170(b)(1)(A)(iii).	Enter the hospital's name,
city, and state					A.	ð.
		of a college or university owr	ned or operat	ted by a	governmental unit de	scribed in
and the second	b)(1)(A)(iv). (Complete Part					
6 A federal, stat	e, or local government or g	overnmental unit described i	n section 1	70(b)(1)(	AXVI.	
7 X An organizatio	in that normally receives a	substantial part of its suppor	t from a gove	emment	a unit or from the ger	eral public described in
	)(1)(A)(vi). (Complete Part			E .	Lesser"	
8 A community	trust described in section	170(b)(1)(A)(vi). (Complete P	ant II.)		ye	
9 An agricultural	research organization des	cribed in section 170(b)(1)(/	A)(ix) operaid	ed in cor	unction with a land-	rant college
	r a non-land-grant college o	f agriculture (see instruction:	s), Enter the	name, ci	ty, and state of the co	xlege or
university:				<u> </u>		
10 [] An organizatio	n that normally receives (1)	more than 33 1/3% of its su	o monthroog	ontribuli	ons, membership feer	s, and gross receipts from
activities relate	d to its exempt functions,	subject to certain exceptions	and (2) no 1	more the	in 33 1/3% of its supp	ort from gross investment
income and un	related business taxable in	come (less section 511 tax) I	rom busines	ses acqu	uired by the organizat	ion after June 30, 1975.
See section 5	09(a)(2). (Complete Part III.	)				
		xclusively to test for public a	afety. See	section (	509(a)(4).	
12 🛄 An organization	n organized and operated e	exclusively for the benefit of,	to perform th	he functi	ons of, or to carry out	the numbers of one or
more publicly s	upported organizations de	scribed in section 509(a)(4)	or section E	509/a)(2)	See section 509(a)	3). Check the hox on
lines 12a throu	gh 12d that describes the t	ype of suppofting organization	on and comp	olete line	s 12e. 12f. and 12n.	ali pungat trip pox on
a Type I. A sup	porting organization opera	ted, supervised, or controller	t by its supp	no behou	canization(s) typically	by oliving
the supporte	d organization(s) the power	to regularly appoint or elect	a majority of	f the dire	ctors or frustees of th	by Supporting
	You must complete Part					ie eelyhyi milj
		vised or controlled in conner	tion with its	support	ed organization(s) by	having
control or ma	nearment of the supportin	g organization vested in the	sama narean	o that or	ou organization(s), by	Having
	). You must complete Pa		penno person		ហាល ហា ហេង៧ងមិន ហេង វ	rabbouea
		porting organization operated	l in connecti	on with	and fematic anti- inter-	and a description
hetronome et	nunanization(e) (enc instrum	lions). You must complete		OIL WILLI,	and runctionally integ	rateo with,
		supporting organization ope				
unar is nor ful	currently integration, file of	ganization generally must sa t complete Part IV, Section	usiy a distric	oution rea	quirement and an atte	ntiveness
	A II UNE OLUARIZATION FECEIVI	ed a written determination fro	m the IHS t	nat n 18 B	Type I, Type II, Type	11
		nctionally integrated support				
	supported organizations	**********	**********	******	**************************************	
as Dury data the statistics	intermation about the sub-	(iii) Type of organization	I COLE INF COLUMN	alicis is les	(v) Amount of monetar	
g Provide the following (i) Name of supporte	d AU FIN					
<ul> <li>Provide the following</li> <li>(i) Name of supporte</li> <li>prganization</li> </ul>	d (ii) EIN	(described on lines 1.10	(in) is the organiz			
(i) Name of supporte	d (II) EIN		Yes	focument? No	support (see instruction	
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				
(i) Name of supporte	d (ii) EIN	(described on lines 1.10				

LHA For Peperwork Reduction Act Notice, see the Instructions for Form 990 or 980-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

DRESS FOR SUCCESS LOUISVILLE INC.

61-1383568 Page 2

 
 Schedule A (Form 990) 2021
 DRESS FOR SUCCESS LOUISVILLE INC.
 61-1383

 Part///
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		[	T			
	membership fees received. (Do not						
	include any "unusual grants.")	275,780.	210,552.	147,667.	200,489.	213,120.	1047608.
2	Tax revenues levied for the organ				1		
	Ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				1		
•	furnished by a governmental unit to						
	the organization without charge			1			
4	Total, Add lines 1 through 3	275,780.	210.552.	147.667.	200,489.	213,120.	1047608.
5	The portion of total contributions					NO STATES	
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (l)						
6	Public support, Subtract line 5 from line 4.		717				1047608.
	ction B. Total Support			- ,		Light Construct Report.	
	ndar year (or fiscal year beginning in) 🍉	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7		275,780.	210,552.	147,667.	200,489.	213,120.	1047608.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royallies,						
	and income from similar sources	15.	7.				22.
e	Net income from unrelated business	1		1			
-	activities, whether or not the	1					
	business is regularly carried on						
10	Other income, Do not include gain	· · · · ]					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	그 가지에 집에서 다 가 가 같은 것을 받았는 것을 받았는 것이 나라.						1047630.
	Gross receipts from related activities, e			มังมีผู้มันชัมิสถุญญัก การจ		12	
13	First 5 years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax yo	ar as a section 50	1(c)(3)	,
0	organization, check this box and stop						
	tion C. Computation of Public			• •			00 00
14	Public support percentage for 2021 (lir	e 6, column (1), dh	ided by line 11, co	siuma ())	*****	and the second se	00.00 %
15	Public support percentage from 2020 \$	Schedule A, Part II,	#ne 14		L	15	99.99 %
	33 1/3% support test - 2021. If the or						
	stop here. The organization qualifies a	s a publiciy suppoi	neo organization			· · · · · · · · · · · · · · · · · · ·	▶ 🗶
	33 1/3% support test - 2020. If the or						
	and stop here. The organization qualifi	es as a publicly su	pporteo organizat			·····	
	10% -facts-and-circumstances test -	· · ·					
	and if the organization meets the facts	en den nem i server en ender de la prese		"가나다가? 아니는 "바람에서 이 아파 나?		an a constants	
	meets the facts and circumstances test	· · · · · · · · · · · · · · · · · · ·			(4) A.		
	10% -facts-and-circumstances test -					•	% or
	more, and if the organization meets the			2016년 - 1918년 - 1917년 -			<b>.</b> ()
	organization meets the facts and circun			·. ·	· · .		
18	Private foundation. If the organization	aid not check a bo	ox on une 13, 16a,	100, 1/a, or 1/b, i	Check this box and	Schedule A /F	

132822 01-04-22

# Schedule A (Form 990) 2021 DRESS FOR SUCCESS LOUISVILLE INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

61-1383568 Page 3

(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 failed to qualify under the tests listed below, please complete Part II.)

Se	otion A. Public Support						ananagering anathananan ista	No.
-	endar year (or fiscal year beginning in)	· (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	<b>h</b>	(f) Total
	Gifts, grants, contributions, and				1 10/2020		1 –	W 1018
•	membership fees received. (Do not					V. and the	ă.	
	include any "unusual grants.")						16	
2	Gross receipts from admissions,						1	******
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the					<b></b>		
	organization's tax-exempt purpose							
3	Gross receipts from activities that				N.	No. of Contraction	T	
	are not an unrelated trade or bus-				l 🖉		1	
	iness under section 513							
4	Tax revenues levied for the organ-					μ		
	ization's benefit and either paid to							
	or expended on its behalf				- Antipatrone			
	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge						<b></b>	
	Total. Add lines 1 through 5				<u>Ř</u>		ļ	
	Amounts included on lines 1, 2, and				3.			
	3 received from disqualified persons Ancunts included on lines 2 and 3 received						<u> </u>	
_	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the				1		1	
	amount on line 19 for the year Add lines 7a and 7b							
	Public support. (Subject for 7c from line 5)		No.					
	tion B. Total Support	new particular sector constraints to active	Conservation and a service of the se				utilași și letar	
_	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(1) Total
	Amounts from line 6	<b>X=I</b> == <b>X</b> :				10/2021		11 10120
0a I	Gross income from interest,							
Ì	dividends, payments received on securities loans, rents, royallies,			· · · · · · · · · · · · · · · · · · ·	1	1		
;	and income from similar sources				[			
bl	Unrelated business taxable income					1		
	less section 511 taxes) from businesses	<b>N</b>	đ					
ŝ	equired after June 30, 1975	, alter a state of the						
	Add lines 10a and 10b							1999 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 20
	Net income from unrelated business		1 M 1 M					
Ň	clivities not included on line 10b, whether or not the business is		ł			[		
1	egularly carried on	**						
	Other income. Do not include gain or loss from the sale of capital							·
8	ssets (Explain in Part VI.)						-	
	otal support. (Add anes 8, 100 33, and 12)		ļ	<u> </u>	L			
F	irst 5 years. If the Form 990 is for the	organization's fire	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50°	(c)(3) organization	•	
	heck this box endistop here	Support Dory					Idadaadi	
			and the second	t union 100		- 1		
	ublic support percentage for 2021 (lin ublic support percentage from 2020 S				and the second se	15		%
	on D. Computation of Invest			<u></u>	Langer Langer Langer	16	<del>ن ب ن متن</del>	<u>%</u>
	ivestment income percentage for 202			12 column (M)	· · · · · · · · · · · · · · · · · · ·	17	****	**
	vestment income percentage from 20			i io, containi (W	(1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997)	8		<u>%</u>
	3 1/3% support tests - 2021. If the o			line 1d. and line 1				<u>%</u>
Ā	ore than 33 1/3%, check this box and	stop here. The n	coanization muslific	sata nuhliniu eun	norted organization	n u 70, anu 808 17 E n	110t	
6.	3 1/3% support tests - 2020. If the o	roanization did no	t check a hox on li	ne 14 or line 19e o	nd line 18 is more	then 33 1/206 and	 1	
in No.	ie 18 Js not more than 33 1/3%, check	this box and ato	o here. The organi	zation qualifies es	nume to is more	unali da 17876, 800 d oroganization		
Pi	rivate foundation. If the organization	did not check a be	ox on line 14, 19a	or 19b. check this	box and see instru	viyanzanori ctions	FT2 (**/**	
S. 1. Q. 1	104-22			MI LWEEL VIEWA SHID	HAV BUR ADD HISUO	Schedule A (F	in and the second s	0001 2001
	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	35	and the state of the		montantia 13 (L	ALCH.	and the

2

38

3b

Yes No

Part IV Supporting Organizations

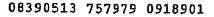
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? *II "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)? // "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)? // '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," enswer lines 5b and 5c below (if epplicable). 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? // "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))? // \*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? // "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(I) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Old 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.)

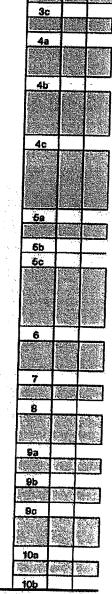
16

132024 01-04-21



#### 2021.03041 DRESS FOR SUCCESS LOUISVI 09189011

Schedule A (Form 990) 2021



Sd	hedule A (Form 990) 2021 DRESS FOR SUCCESS LOUISVILLE INC. 61-1	38356	69	<b></b>
	art IV Supporting Organizations (continued)	1030	30	Page p
1		11a 11b	Yes	s No
	detail in Part VI.	Ťic		2019-00-00-00-00-00-00-00-00-00-00-00-00-00
Se	ction B. Type I Supporting Organizations			
1 2 Sec	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of die 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 organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported 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?	1	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		Yes	No
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). The support of the s	1		<del></del>
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 fill copies of the organization's poverning documents in effect on the date of notification to the organization?		Yes	No

244	organizations a povential procentialities in anaction the osteory dot included.
2	Were any of the organization's officers, directors, or trustees either () appointed or elected by the supported
•	organization(s) or (ii) serving on the governing body of a supported organization? // "No," explain in Part VI how
	i ino, expandin i rai u now
	the organization meintained a close and continuous working relationship with the supported organization(s).

3	By reason of the relationship described on line 2 above add the organization	's supported	organizations	have a
	By reason of the relationship described on line 2 above did the organization significant voice in the organization's investment policies and in directing the	use of the on	anization's	
	income or assets at all times during the tax year? If these describe in Part V	the role the	nmenizetion'e	
	Income or assets at all times during the tax year? If these describe in Part V supported organizations played in this recend		8 999 HILL HILL HILL HILL HILL HILL HILL	

#### Section E. Type III Functionally Integrated Supporting Organizations

			or the year (see instructions).

- 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.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Instructions).

17

- 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(a) 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 Invitees of each of the supported organizations? // "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.

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(c) The second secon

	tedule A (Form 990) 2021 DRESS FOR SUCCESS LOU art V Type III Non-Functionally Integrated 509(a)(3) Suppor	ISVILL	E INC. 6	1-1383568 Page 6
1	Check here if the organization satisfied the Integral Part Test as a quali			
•	All other Type III non-functionally integrated supporting organizations m	naið most o Met comolo	te Sentions & through E	art VI). See instructions.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(8) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	<u>_</u>	(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):			
<u>a</u>	Average monthly value of securities	ta		······································
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempl-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	10		
e	Discount claimed for blockage or other factors	200	net a server de l'argument de l'Alexander Alexander de la companya de la compa	
	lexolain 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		
	Minimum Asset Amount (add line 7 to line 6)	8		Andrey (),
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		** · · · · · · · · · · · · · · · · · ·
	ncome tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions).	6		
7	Check here if the ourgent user is the organization's first as a new functional			

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) 2021

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	hedule A (Form 990) 2021 DRBSS FOR SU	CCESS LO	JISVILL	E INC.	6	51-1383568 Page 7
1	art Mart Type III Non-Functionally Integrated 50	9(a)(3) Supp	orting Orga	anizations (contin		
Se	ction D - Distributions					Current Year
_1					1	Annanal
2	Amounts paid to perform activity that directly furthers exer	npt purposes of	supported			Y A
	organizations, in excess of income from activity		2			
3		ses of supported	organization	<u>S</u>	3	
_4					4	
		provide details in	Part VI)		6	
					8	
_7					775	
8		the organization	is responsive		9	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Corovide details in Part VI). See Instructions.				8 /	
9					<b></b>	······································
10	Line 8 amount divided by line 9 amount				10	
Sec	tion E - Distribution Allocations (see Instructions)	(I) Excess Dis		(jí) Underdistribution Pre-2024	s	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.		۹. پ			
3	Excess distributions carryover, if any, to 2021					
	From 2016					
-	From 2017					
<u> </u>	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e	<u>k</u>				
<u>P</u>					- Gira	
<u>h</u>	Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,	1. A.			100	
-	line 7: \$					
	Applied to underdistributions of prior years				Ĩ	
	Applied to 2021 distributable amount	WARD AND AND AND AND AND A				
	Remainder. Subtract lines 4a and 4b from line 4.		de R Letters (Letters (Letters)			
	Remaining underdistributions for years prior to 2021 at				1000	
	any. Subtract lines 3g and 4a from line 2. For result greater				ALC: N	
 e	than zero, explain in Part VI. See instructions.			andre i a deret statt die service over site i	1800 - 1	
6	Remaining underdistributions for 2021, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	Later Protection				
	Part VI. See instructions.					
	Excess distributions carryover to 2022, Add lines 3j		19 C R 20 C		arren 70 Arren 20	and a survey of the second second second second second second
	and 4c.					
8	Breakdown of line 7:	ndourant transfere				
	Excess from 2017		i Albinin S			
	Excess from 2018		Karaka katalan Ka		1 de 1	
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021	MARKAN AND	關於國際的			Gelencer, Hory
	P. NEWS. 40	5. 110 A. A. A.			Sec. 12.	

Schedule A (Form 990) 2021



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	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 6; (See instructions.)	2, 3b, 3c, 4b, 4c, es 2 and 3; Part and Part V, Sect	5a, 6, 9a, 9b, 9c IV, Section E, lin tion E, lines 2, 5,	, 11a, 11b, and es 1c, 2a, 2b, 3 and 6. Also co	an II, line 10; I 11c; Part IV, 3a, and 3b; Pa mplete this pa	Section B, line V, line 1; Pai Int for any addi	to 175; Part II s 1 and 2; Part t V, Section B lional informat	N, Ine 12; N, Section C Ine 1e; Part ' on.
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#### \*\* PUBLIC DISCLOSURE COPY \*\*

Schedule B	Schedule of Contributors OMB No. 1545-0047
(Form 990) Department of the Treasury	<ul> <li>Attach to Form 990 or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>
Internal Revenue Service	
Name of the organization	Employer identification number
	DRESS FOR SUCCESS LOUISVILLE INC. 61-1388568
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
heck il vour organization i	is covered by the General Rule or a Special Rule,
	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions,
eneral Rule	
For an organization	n filing Form 990, 990-EZ, or 990-PF that received, curing the year, contributions totaling \$5,000 or more (in money or
property) from any	one contributor. Complete Parts I and IL See instructions for determining a contributor's total contributions.
pecial Rules	
JULIAI I MUTB	
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that chicked Schedule A (Form 990). Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts and II.
	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 educatio	nal 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.
year, contributions	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box
purpose. Don't com	re the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> etc., contributions totaling \$5,000 or more during the year
wer 'No" on Part IV, line 2	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must , 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
U PAPER I LIDAR UNE NIUD	requirements of Schedule B (Form 990).
For Paperwork Reduction	Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2021)
Q	
<u>31 11 11-21</u>	가 물고가 지수는 것 같아. 가 물고 있는 것은 가 있는 것이 가 있는 것이 가 있는 것이 있는 것이 같아. 이 물을 가지 수가보자가 가지 않아요? 기 가지 않아요? 지수는 것이 같아?

DRES	S FOR SUCCESS LOUISVILLE INC.		61-1383568
Part	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionadditionaddita		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	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		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
4		\$6,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u> </u>	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			Person X

Employer identification number

Schedule B (Form 990) (2021)

X

Person

Payroll

Noncash

(Complete Part II for noncesh contributions.)

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Schedule B (Form 990) (2021)

Name of organization

2021.03041 DRESS FOR SUCCESS LOUISVI 09189011

10,000.

\$

	ule B (Form 990) (2021) of organization		Page 2
·			Employer Identification number
	SS FOR SUCCESS LOUISVILLE INC.		61-1383568
Part	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	$\wedge$
(a) No.		(c) Total contribution	(d) s Type of contribution
7		\$5,00	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		5,00	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Payroli Noncash (Complete Pan II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP V4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Pari II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
$\overline{\mathbb{Q}}$		\$	Person Payroll Noncash (Complete Part II for
452 33-11-	21 23		Noncash contributions.) Schedule B (Form 990) (2021)

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Schedule B (P Name of orga	Form 990) (2021) Inization		Page Page Page Page Page Page Page Page
DRESS F	OR SUCCESS LOUISVILLE INC.		61-1383568
	Noncash Property (see instructions). Use duplicate copies of Par		
(a) No. trom 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.)	(d) Date received
		\$	······
(a) No, Trom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(8) No. Tom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		s	
) 11-11-21		1	Schedule B (Form 990) (2021

Schedule B (Form 990) (2021)

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Schedule B (I Name of orga	Form 990) (2021) anization		Produce to the state of the sta
-			Employer identification numb
DRESS F	OR SUCCESS LOUISVI	LE INC.	61-1388568 ion 501(c)(7), (8), or (10) that total more than \$1,000 for the y
	in our any price contributor, complete colui	nns (a) infouon (a) and the following line entry.	For organizations
l	Use duplicate copies of Part III if addi	elous, charitable, etc., contributions of \$1,000 or les lional space is needed.	is for the year. (Enter Misinto, crice.)
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
1-			
		(e) Transfer of gift	
1		for transier of Bit	
	Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	······································		
		(e) Transfer of gin	
	Transferee's name, addres	a and 710 + 4	
<u> </u>	manateree s hame, addres	5, BIOZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	
Part I	(a) i cipose oi Bite		(d) Description of how gift is held
	4		
		(e) Transfer of gift	
		123	
	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
	- Part in the second se		
No.			
) No. 'om art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		,	
			· · · · · · · · · · · · · · · · · · ·
	<del>X</del>		
		(e) Transfer of gift	
	Transferee's name address		
	Transferee's name, address,		Relationship of transferor to transferee
	Transferee's name, address,		Relationship of transferor to transferee
	Transferee's name, address,		Relationship of transferor to transferee

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Dece	or <b>in 980)</b> extment of the Transury	Complete	e if the organization answere	ntal Financial Statements organization answered "Yes" on Form 990, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	nal Revenue Service	Go to www.irs.c	ov/Form980 for instructions	and the latest inform	nation.	Open to Pub Inspection
Nar	me of the organizati				Employ	er identification nu
DB-		DRESS FOR SUC	CESS LOUISVILLE	INC.		61-1383568
1.00	art ] Organiza	ations Maintaining Donoi	r Advised Funds or Oth	ier Similar Funds	or Accounts,	Complete If the
<b>9</b> 70-01-0-000	organizatio	on answered "Yes" on Form 990,				
	<b>.</b>			idvised funds	(b) Funds a	and other accounts
1	Total number at en	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value at	t end of year	·····			
5	Dio the organization	on inform all donors and donor ad	ivisors in writing that the asse	ets held in donor advise	ed funds	
6	Did the organization	on's property, subject to the orga	nization's exclusive legal cont	1017		Yes
Ų		on inform all grantees, donors, an				
	impermissible priva	oses and not for the benefit of th			-	[]
Pa		ation Easements. Complete	e if the organization answered	IVANT AN CAME AND F	Sout IL Har *	Yes
1		ervation easements held by the			$\omega (W_1) = 0$	
•		of land for public use (for examp		and the second se	a historically impr	
		Finatural habitat	IN INVITUDING OF BARRAND		a nistoncally impl a certified historic	
	Contraction of the second se	of open space			a certilled tratoric	structure
2		through 2d if the organization he	ld a qualified conservation cou	ntribution in the form -	ta conconstina	DOPAMANI AN ILA IA
	day of the tax year.				Held	at the End of the Tax Y
	- 1972 - A.	nservation easements			2a	FOL MO LING VI LING THAT
b	Total acreage restric	cted by conservation easements	***************************************	***********	26	·····
c	Number of conserva	ation easements on a certified hi	storic structure included in (a)	****************	20	
d	Number of conserva	ation easements included in (c) a	cquired after 7/25/06, and no	t on a historic structure	e	
	fisted in the National	al Register	а. 		20	
3	Number of conserva	ation easements modified, transf	erred, released, extinguished,	or terminated by the c	iganization durin	o the tax
	year 🌬		·····		•	•
4	Number of states with	here property subject to conserv	ation easement is located In-			
5	Does the organizatio	on have a written policy regarding	g the periodic monitoring, insr	pection, handling of		
		rcement of the conservation ease		*****		Yes II
B	Staff and volunteer h	hours devoted to monitoring, ins	pecting, handling of violations	, and enforcing conse	rvation easements	s during the year
	<b>•</b>	Annual				
		s incurred in monitoring, inspecti	ng, handling of violations, and	enforcing conservation	n easements dur	ing the year
1. I	►\$					
	Does each conservat	tion easement reported on line 2	(d) above satisfy the requirem	ents of section 170(h)	(4)(B)(i)	
8		<u>}(B)(#)?</u>				
8	and section 170(h)(4)		*****		***********************	
8   9	In Part XIII, describe I	how the organization reports co	nservation easements in its re-	venue and expense st	atement and	
8   9   1	In Part XIII, describe I balance sheet, and in	how the organization reports co include, if applicable, the text of t	nservation easements in its re- he footnote to the organization	venue and expense st	atement and	
8   9   1	In Part XIII, describe I balance sheet, and in organization's accour	how the organization reports co include, if applicable, the text of t inting for conservation easement	nservation easements in its re he footnote to the organization s.	venue and expense st n's financial statemen	atement and is that describes t	ihe
8   9   1	In Part XIII, describe I balance sheet, and in organization's accour III Organizatio	how the organization reports co include, if applicable, the text of t inting for conservation easement ons Maintaining Collecti	nservation easements in its re- he footnote to the organization s. ons of Art, Historical Ti	venue and expense st n's financial statemen	atement and is that describes t	ihe
8 9 1 Part	In Part XIII, describe   balance sheet, and in organization's accour UII Organizatio Complete if the	how the organization reports con include, if applicable, the text of t inting for conservation essement ions Maintaining Collection re organization answered "Yes" of	nservation easements in its re he footnote to the organization s. ons of Art, Historical Ti on Form 990, Part IV, line 8.	venue and expense at n's financial statement reasures, or Othe	atement and is that describes t er Similar Ass	ihe ets.
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8   9   18   18   18   18   18   18   18   18	In Part XIII, describe   balance sheet, and in organization's accour Complete if the Complete if the of art, historical treasu service, provide in Pau f the organization ele- art, historical treasure wovide the following a i) Revenue included ii) Assets included in the organization reco- te following amounts tevenue included on I assets included in For	how the organization reports co- include, if applicable, the text of t inting for conservation easement <b>ons Maintaining Collecti</b> the organization answered "Yes" of ected, as permitted under FASB ures, or other similar assets held art XIII the text of the footnote to acted, as permitted under FASB / acted, as permitted under FASB / as, or other similar assets held fo amounts relating to these items: d on Form 990, Part VIII, line 1 in Form 990, Part X selved or held works of art, histor a required to be reported under F Form 990, Part VIII, line 1	nservation easements in its re- he footnote to the organization s. ons of Art, Historical Tr on Form 990, Part IV, line 8. ASC 958, not to report in its ra- its financial statements that d ASC 958, to report in its reven r public exhibition, education, r public exhibition, education, ical treasures, or other similar ASB ASC 958 relating to thes	venue and expense at n's financial statement reasures, or Othe evenue statement and on, or research in furth escribes these items. nue statement and bak or research in furthers assets for financial ga se items:	atement and to that describes to balance sheet works ance sheet works ance of public sen 	of vice,

Schedule D (Form 990) 2021 DRESS	FOR SUCCESS LC	DUISVILLE INC	. 61	-1383568 Page
Part III Organizations Maintaining	J Collections of Art, H	istorical Treasures,	or Other Similar A	ssets (continued)
3 Using the organization's acquisition, acce	ssion, and other records, ch	eck any of the following t	hat make significant use	
collection items (check all that apply):	. <b>r</b>			Assessed
a Public exhibition	d L	Loan or exchange pro	gram	A
b Scholarly research	e L	Other		
c Preservation for future generations	<b>1</b> 4 3 <b>1 11 1 1 1</b>			V.
4 Provide a description of the organization's	s collections and explain how	they further the organize	ation's exempt purpose in	Part XIII.,
5 During the year, did the organization solic	it or receive donations of art,	historical treasures, or o	ther similar assets	<u> </u>
to be sold to raise funds rather than to be <b>Part IV</b> Escrow and Custodial Arra	maintained as part of the org	ganization's collection?		Yes No
Part IV Escrow and Custodial Arra reported an amount on Form 990,	Bort V Kee 21	the organization answere	d "Yes" on Form 990, Pa	tRV, line 9, or
	******		<u> </u>	
1a is the organization an agent, trustee, cust				
on Form 990, Part X? b if "Yes," explain the arrangement in Part X	the and complete the fellerite		Le la	Ves No
the res, explaining analigement in Part A	at and complete the following	g ladie:		Amariat
A Regioning halance		6		Amount
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d Additions during the year	**************	·····	1d	
e Distributions during the year f Ending balance		·····		
f Ending balance 2e Did the organization include an amount on	Form 000 Dart V too 21 4		kou wé Kohitiku 7	
b if "Yes," explain the arrangement in Part X				. Yes No
Part V Endowment Funds. Complet	a if the organization ensures	d "Yes" of Form 000 Pa	n <u>Mari Alli</u> Mari Alli	
		Prior year (o) Two ye		ack (e) Four years back
1a Beginning of year balance			ars back [u] mee years t	MCK (e) ruur years back
	· · · · · · · · · · · · · · · · · · ·			
<ul> <li>b Contributions</li> <li>c Net investment earnings, gains, and losses</li> </ul>		and the		
	200			
d Grants or scholarships e Other expenditures for facilities				
<ul> <li>A state of the state of a state</li></ul>				
and programs f Administrative expenses				
		<i>†</i>		
<ul> <li>g End of year balance</li> <li>2 Provide the estimated percentage of the cu</li> </ul>		الم المعادية الم	A CARGE AND A CONTRACT OF A CONTRACT.	<u></u>
<ul> <li>Board designated or quasi-endowment</li> </ul>		iy, coum (a)) neo as:		. :
b Permanent endowment				
c Term endowment	%			
The percentages on lines 2a, 2b, and 2c sh				
3a Are there endowment funds not in the poss	And BUDE 100%.	وفيا بالمعادة البرب المام أأشره الد	und faulten annentenden	
by:	apploin ourth or Gauntanon an		red for the organization	Yes No
		r.		
(i) Unrelated organizations	Artes	******	، <del>ا</del>	<u>3a(i)</u>
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organiz				[3a(H)] [
4 Describe in Part XIII the intendeduses of the	anons usies as requires on a			[3b]
Part VI Land, Buildings, and Equipn	ient.	10.108.		
Complete if the organization answere		/ line 11s See Form 990	) Part X line 10	
Description of property	(a) Cost or other	(b) Cost or other		fab Deals side
possibilition of hisberry.	basis (investment)	basis (other)	(c) Accumulated depreciation	(d) Book value
1s Land				
b Buildings c Lessehold improvements	202	4,013.	915.	3 000
d Equipment	(*** )	61,564.	55,618.	3,098. 5,946.
d Equipment	<u></u>	01,004.	33,010.	3,940.
otal. Add lines 18 through 1e. (Column (d) must e			ъ.	0 044
ATTAC THE TRANSFORMENT OF TO AND IN THE TRANSFORMENT OF THE TRANSF	oual Form 990, Part X, colum	10. (3) 108 70C)		9,044.
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Part VII Investments - Other Securities.		SVILLE INC.	<u>61-1383568 Par</u>
Complete if the organization answered *Yes' (a) Description of security or category (neuraling name of security)	(b) Book value	(c) Method of valuation: Cost of	or end of year market value
) Financial derivatives			
) Closely held equity Interests			
) Other			
(A)			
(8)			
(C)			
(D)			
<u>(6)</u>			
(F)			
<u>(G)</u>			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col, (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost of	r end of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		× .	Determine the property of the second state of the second state of the second state of the second state of the s
(7)		·	
(8)			
(9)			
Complete if the organization answered "Yes" ( (a)	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)		÷	
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (7)			
[2]         [3]         [4]         [5]         [6]         [7]         [8]         [9]         [a]. (Column (b) must equal Form 990, Part X, col. (B) line int X          [T] Other Liabilities.	and the contract of the contra		
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line it X Other Liabilities. Complete if the organization answered "Yes" o	and the contract of the contra	11e or 111. See Form 990, Part X, line	25.
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	and the contract of the contra	11e or 111. See Form 990, Part X, line	
<ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(a) Column (b) must equal Form 990, Part X, col. (B) line</li> <li>(a) Complete if the organization answered "Yes" of (a) Description of liability</li> <li>(a) Description of liability</li> <li>(b) Federal income taxes</li> </ul>	and the contract of the contra	11e or 11i. See Form 990, Part X, line	25.
	and the contract of the contra	11e or 111. See Form 990, Part X, line	25.
<ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>al. (Column (b) must equal Form 990, Part X, col. (B) line</li> <li>int X</li> <li>Other Liabilities,</li> <li>Complete if the organization answered "Yes" of</li> <li>(a) Description of liability</li> <li>(a) Description of liability</li> <li>(a) Description of liability</li> <li>(b) Federal income taxes</li> <li>(c) S</li> </ul>	and the contract of the contra	11e or 11I. See Form 990, Part X, line	25.
<ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>al. (Column (b) must equal Form 990, Part X, col. (B) line</li> <li>(a) Description of liability</li> <li>(a) Description of liability</li> <li>(b) Federal income taxes</li> <li>(c) Solution (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)</li></ul>	and the contract of the contra	11e or 111. See Form 990, Part X, line	25.
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<ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>al. (Column (b) must equal Form 990, Part X, col. (B) line int X</li> <li>Other Liabilities.</li> <li>Complete if the organization answered "Yes" of (a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>	and the contract of the contra	11e or 11i. See Form 990, Part X, line	25.
<ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>al. (Column (b) must equal Form 990, Part X, col. (B) line int X</li> <li>Other Liabilities.</li> <li>Complete if the organization answered "Yes" o         <ul> <li>(a) Description of liability</li> </ul> </li> <li>1) Federal income taxes</li> <li>2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(5)</li> <li>(7)</li> </ul>	and the contract of the contra	11e or 11i. See Form 990, Part X, line	25.
Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	and the contract of the contra	116 or 111. See Form 990, Part X, line	25.
<ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1) Column (b) must equal Form 990, Part X, col. (B) line int X</li> <li>(a) Description of liability</li> <li>(a) Description of liability</li> <li>(b) Federal income taxes</li> <li>(c) Description of liability</li> <li>(c) Description of liabilit</li></ul>	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
[2]         [3]         [4]         [5]         [6]         [7]         [8]         [9]         [1]         [Column (b) must equal Form 990, Part X, col. (B) line         [1]         [4]         [5]         [6]         [7]         [8]         [9]         [9]         [1]         [1]         [2]         [3]	n Form 990, Part IV, line		25. (b) Book value

Schedule D (Form 990) 2021

132053 10-28-21

Part XII       Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return.         Initial revenue pairs, and other support per audited financial attainancial attainanci attainanci attainanci attainancia attainanc	Schedule D (Form 990) 2021 DRESS FOR	SUCCESS LOUIS	VILLE INC.	61	<u>-1383568 P</u>
				enue per Hetur	n. e
2 Amounts included on line 1 but not on Form 980, Part VII, line 12: 2 Add lines 2a through 2d 3 Add lines 2a through 2d 4 Add lines 2a through 2d 5 Add lines 2a through 2d 5 Add lines 2a through 2d 6 Total versions not included on Form 980, Part VII, line 7b 1 Consplete If the organization asswered 'Ves' on Form 980, Part VI, line 12 4 Add lines 2 and 4b 5 Total versions and classifier and the 1 but not on Fest 1 Consplete If the organization asswered 'Ves' on Form 980, Part VI, line 12 1 Consplete If the organization asswered 'Ves' on Form 980, Part V, line 12 1 Consplete If the organization asswered 'Ves' on Form 980, Part V, line 12 1 Consplete If the organization asswered 'Ves' on Form 980, Part V, line 12 1 Consplete If the organization asswered 'Ves' on Form 980, Part V, line 12 1 Consplete If the organization asswered 'Ves' on Form 980, Part V, line 12 2 Amounts included on Form 980, Part VI, line 25 2 Donaled some and use of facilities 2 Amounts included on Form 980, Part VI, line 12 3 Amounts included on Form 980, Part VI, line 12 4 Add lines 2 at through 2d 3 Subtract lines 2 form 880, Part VI, line 75 4 Add lines 2 at foroign 2d 3 Subtract lines 2 form 880, Part VI, line 75 4 Add lines 2 at foroign 2 d 3 Subtract lines 2 form 880, Part VII, line 75 4 Add lines 2 at foroign 2 and 4b 5 Contre (Describe in Part XIII) 4 Add lines 2 at foroign 2 and 4b, Also complete line part 1, line 3, b, and 8, Part V, line 40, Part X, line 4; Part X, line 2; Part X 8 Zd and 4b; and Part XII, lines 25, and 4b, Also complete line part toknows sury additional Information. 4 Add lines 4b and 4b 5 Add (lines 4b and 4b) 5 Add (lines 2a and 4b) 5 A			G 120.		Alternation of the
a Net unrealized gaine (possed) on investments b Concide cendes and use of haliling c Recoveries of profyrey agains d Other (Describe in Part XIII) Add lines a through 2d Add center of the t Control the t Control of the t Control of the t Control of the t					
b     Decided envices and use of facilities     20       c     Recoveries of prory year grants     20       d     Other (Describe in Part XIII)     20       3     Subtract line 26 from the 1     20       4     Amounts included on Form 500, Part VIII, Ino 75     40       4     Amounts included on Form 500, Part VIII, Ino 75     40       5     Total repenses not included on Form 500, Part VIII, Ino 75     40       6     Ford repenses not included on Form 500, Part VIII, Ino 75     40       5     Total repenses not included on Form 500, Part VIII, Ino 75     40       6     Ford repenses not included on Form 500, Part VIII, Ino 75     40       7     Total expenses and locases per audited frame/000, Part VI III Part Part Part Part Part Part Part Part			2a		
c Pacowies of pfor year grants	b Donated services and use of facilities		26		8. <i>/</i>
d Other (Describe in Part XIII) Add lines 24 through 24 9 abbtect line 26 from 1900. Part VIII, line 12, but not on line 1: a investment expenses not included on Form 900. Part VIII, line 75 b Other (Describe in Part XIII) c Add lines 4 and 4b 5 total revenue. Add lines 3 and 4c, <i>This must acuel Form</i> 900. Part VI, line 12. Complete If the organization enswered 'Yes' on Form 900. Part VI, line 12. 1 Total expenses and losses pare valided financial Statements With Expenses pier Return. Complete If the organization enswered 'Yes' on Form 900. Part VI, line 12. 2 Amounts included on line 1 but not on Form 900. Part IX, line 25: 2 Donated sendees and use of lacibles 2 Amounts included on line 1 but not on Form 900. Part IX, line 25: 2 Other (Describe In Part XIII) 4 Add lines 4 a through 2d 3 Subtract lines 2 from 18 a 1 4 Amounts included on Form 900. Part IX, line 25: 2 Donated sendees and use of lacibles 2 Amounts included on Form 900. Part IX, line 25: 3 Subtract lines 2 from 18 a 1 4 Amounts included on Form 900. Part IX, line 75: 4 Add lines 4 a through 2d 3 Subtract lines 4 and 4b 4 Add 4 A	c Recoveries of prior year grants	******	20		
3       Skitzeri line 2e from line 1         4       Amounts included on Form 980, Part VIII, line 12, but net on line 1:         a       Investment exponses on included on Form 980, Part VIII, line 12, but net on line 1:         b       Other (Describe in Part XIII)         4       40         5       Total revenue. Add lines 3 and 46; (This must expert 980, Part VIII, line 12)         6       5         7       Total represenses and loases per audited financial statements         2       Amounts included on line Total statements         2       Amounts included on line 11 tot not nor 980, Part VI, line 25:         a       Donted candoce and use of facilities         b       Price year adjustments         2       Amounts included on rise 1         3       Atticked on rise 1 total of con 990, Part VIII, line 25:         a       Donted candoce and use of facilities         b       Price year adjustments         2       2         3       Schutaci line 24 from 180, Part VIII, line 25, but not on fine 1         Amounts included on Form 980, Part VIII, line 7b       4a         4       4a         4       4a         4       4a         4       4a         5       Schines 4a and 4b <td>d Other (Describe in Part XIII.)</td> <td></td> <td>2d</td> <td></td> <td></td>	d Other (Describe in Part XIII.)		2d		
3       Subtract line 2e from Bio, Part VIII, line 12, but not on line 1:       44         4       Amounts included on Form Bio, Part VIII, line 12, but not on line 1:       44         4       40       40         4       40       40         4       40       40         5       Total revenue, Add lines 8 and 4c. The must accuel Form B90. Part I, line 12.       40         5       Total revenue, Add lines 8 and 4c. The must accuel Form B90. Part IV, line 12a.       1         7       Total sepenses and loase per audited financial statements       1         Amounts included on filen 1 but not on Form B90. Part IV, line 25:       1         9       Price year adjustments       20         20       20       20         20       20       20         20       20       20         20       20       20         21       Price year adjustments       20         22       20       20       20         23       Subtract line 2 at through 2d       20       20         24       20       20       20       20         25       10       10       10       20       20         26       20       20       20	e Add lines 2a through 2d	*****		20	
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b Other (Describe in Part XIII)  Competent If the organization answered Ves' on Form 590, Part J, line 121  Competent If the organization answered Ves' on Form 590, Part J, line 12a.  Total revenues Add lines 3 and 4c. (This must equal Form 590, Part J, line 12a.  Total expenses and tooses per audited financial statements Amounts included on line 1 but not on Form 590, Part JX, line 22; Donated earlies and use of facilities D Fort year adjustments Competent Vest on Form 590, Part JX, line 22; Competent Vest on Form 590, Part JX, line 22; Competent Vest on Form 590, Part JX, line 22; Competent Vest on Form 590, Part JX, line 25; Context Sector Se	4 Amounts included on Form 990, Part VIII, line 12, b	out not on line 1:			
Add lines 4a and 4b	<ul> <li>a Investment expenses not included on Form 990, Pa</li> </ul>	art VIII, line 7b	4a		
Add lines 4a and 4b	b Other (Describe in Part XIII.)	*************	4b		
Complete if the organization answered "Yes" on Form 980, Part IV, line 12a.         1       Total expresses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 980, Part IV, line 25:         a Donated services and use of facilities       20         b       20         a Other losses       20         a Matter line 2e from line 1       20         Add lines 24 strough 22       3         b Other Obscribe in Part XIII,       40         a Mostement expenses not horided on Form 980, Part IV, line 7b       41         b Other Obscribe in Part XIII,       40         a Other Stand 4b       5         a Tatl expenses. Add lines 3 and 4c. <i>This must equal Form 98b</i> , Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part X	c Add lines 4a and 4b	***********************************		40	
Complete If the organization answered "Yes" on Form 980, Part IV, line 12a.         1       Total expresses and loses aper sudited financial statements         2       Amounts included on line 1 but not on Form 980, Part IV, line 25:         a Donated services and use of facilities       20         b Pricy year adjustments       20         a Other losses       20         a Mostineri lespresses not hordided on Form 980, Part IV, line 75       4s         b Other (Describe in Part XIII)       4b         a Mostineri lespresses not hordided on Form 980, Part IV, line 75       4s         b Other (Describe in Part XIII)       4b       4c         c Table sponses. Add lines 3 and 4c. This must equal Form 980, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X       2 d and 4b; and Part XII, line 4d b. Also complete mis part to provide any additional Information.	5 Total revenue. Add lines 3 and 4c. (This must equal	Form 990, Part I. line 12.)	- Constanting of the second	5	
1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Fom 980, Part IX, line 25;       20         0       Dirated expenses and use of facilities       20         2       Other (Describe in ParXIII.)       20         4       Add lines 2a through 2d       20         5       Subtract line 2e from line 1       3         4       Amounts included on Form 980, Part VII, line 7b       4a         4       Amounts included on Form 980, Part VII, line 7b       4a         4       Amounts included on Form 980, Part VII, line 7b       4a         4       Amounts included on Form 980, Part VII, line 7b       4a         5       Other (Describe in ParXIII.)       4a         6       Chines 4a and 4b       4c         7       Total expenses. Add lines 5 and 4c. (This must anual from 5B, Port I, line 1B, and 4c; Part IV, line 4; Part X, line 2; Part X is 2 d and 4b; and Part XII. lines 3.6, and 6, fart. III, lines 1B, and 4c; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X is 2 d and 4b; and Part XII. lines 24 d and 4b. Also complete this pert tybroxide any additional Information.				enses per Retu	rn.
2 Anounts included on line 1 but not on Form 990, Part IX, line 25:      Draked excitose and use of facilities      Prior year adjustments      Other losses      Other losses      Other losses      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, but not on line 1:      Anounts included on form 980, Part IX, line 25, Part X, line 2; Part X, line 3; A Part IX, li				<u>~//</u>	
a Donaled carices and use of facilities b Prior year adjustments c Other (Describe in Part XIII) c Add lines 2a through 2d Subtract line 2e from fine 1 c Add lines 2a through 2d Subtract line 2e from fine 1 c Add lines 4a and 4b c Other (Describe in Part XIII) c Add lines 4a and 4b c C C C C C C C C C C C C C C C C C C C	1 Total expenses and losses per audited financial stat	iemenis		J	
b       Prior year adjustments       20         c)       Other losses       20         d)       Add lines 2a through 2d       2a         S       Subtract line 2a through 2d       3         d)       Amounts included on Form 950, Part XII, line 25, but not on line 1:       3         d)       Amounts included on Form 950, Part XII, line 2b, but not on line 1:       4         d)       Amounts included on Form 950, Part XIII, line 7b       4a         d)       Other losses and 4b       4c         d)       Totel expenses Add lines 3 and 4c. (This must could Form 500, Part II, line 10; and 2b), Part II, line 10; and 2b), Part XIII line 2; Part XI			N A		
d Other (Doscribe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from Bio, Part DI, line 25, but not on line 1:  Amounts included on Form 950, Part DI, line 25, but not on line 1:  Amounts included on Form 950, Part DI, line 25, but not on line 1:  Amounts included on Form 950, Part DI, line 25, but not on line 1:  Add lines 4 and 4b  Coller (Doscribe in Part XIII)  Add  Add  Add  Add  Add  Add  Add	a contated services and use of facilities	**********	······		
d Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 800, Part IX, line 25, but not on line 1:  Amounts included on Form 900, Part IX, line 25, but not on line 1:  Amounts included on Form 900, Part IX, line 25, but not on line 1:  Amounts included on Form 900, Part XIII, line 7b  Other (Describe in Part XIII.)  Add lines 4 and 4b  Total expenses. Add lines 3 and 4c, <i>This must equal Form 900</i> , Part VI, line 16, 1  art XIII [Supplemental Information.  Yold the descriptions required for Part I, lines 5, 6, and 9, Fart III, lines 16 and 4; Part IV, line 4; Part X, line 2; Part X is 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part tobrowide any additional Information.	D Prior year adjustments	*****	2b ]	<b>1</b> 83	
Add lines 2a through 2d     Subtract line 2e from line 1     Amounts included on Form 980, Part IX, line 25, but not on line 1:     Amounts included on Form 980, Part IX, line 25, but not on line 1:     Amounts included on Form 980, Part IX, line 25, but not on line 1:     Add lines 4 and 4b     Other (Describe in Part XIII.)     Add lines 3 and 4c. (This musi equal form 980, Part II, line 18.)     Total expenses, Add lines 3 and 4c. (This musi equal form 980, Part II, line 18.)     Total expenses, Add lines 3 and 4c. (This musi equal form 980, Part II, line 18.)     Total expenses, Add lines 3 and 4c. (This musi equal form 980, Part II, line 18.)     Total expenses, Add lines 3 and 4c. (This musi equal form 980, Part II, lines 16 and 4c); Part V, line 4; Part X, line 2; Part X bits expendence of Core II, line 18.)     Total expenses, Add lines 2 di and 4b. Also complete his part toprovide any additional information.					
S Subtract line 2e from set 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part VIII, line 7 Other (Describe in Part XIII) Add lines 4a and 4b C ther (Describe in Part XIII) Add lines 4a and 4b C the descriptions required for Part II, lines 3, 5, and 9; Fart III, lines 18 and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X is 2 d and 4b; and Part XII, lines 2 d and 4b. Also complete his part by provide any additional Information.	Add lines 2a through 2d	e e e e e e e e e e e e e e e e e e e			
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b Other (Describe in Part XIII) c Add lines 4a and 4b c total segmess. Add lines 3 and 4c. (This must equal form \$500.Part I, fine 18.) c Total segmess. Add lines 3 and 4c. (This must equal form \$500.Part I, fine 18.) solutions required for Part II, lines 3, 5, and 9; Part III, lines 18 and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X ses 2d and 4b; and Part XII, lines 2d and 4b. Also complete the part to provide any additional information.	<ul> <li>Investment expenses not lociated on Form 990, Day</li> </ul>	t Vill ling 7h			
C Add lines 4a and 4b     Total excenses. Add lines 3 and 4c. (This must equal Form 69b, Part I, lines 18.)     Total excenses. Add lines 3 and 4c. (This must equal Form 69b, Part I, lines 18.)     Total excenses. Add lines 3 and 4c. (This must equal Form 69b, Part I, lines 18.)     Total excenses. Add lines 3 and 4c. (This must equal Form 69b, Part I, lines 18.)     Total excenses. Add lines 3 and 4c. (This must equal Form 69b, Part I, lines 18.)     Total excenses. Add lines 3 and 4c. (This must equal Form 69b, Part I, lines 18.)     Total excenses. Add lines 3 and 4c. (This must equal Form 69b, Part I, lines 18.)     Total excenses. Add lines 3 and 4c. (This must equal Form 69b, Part I, lines 18.)     Total excent equation (The 18.)	b Other (Describe in Part XIII.)		48 4b		
Total expenses. Add lines 3 and 4c. (This must could Form 50b.Part 1. line 18.)       Total expenses.         art XIIII Supplemental Information.       5         wide the descriptions required for Part II, lines 3, 6, and 9; Part III, lines 18 and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X is 2 d and 4b; and Part XII, lines 2 d and 4b. Also complete this part toprovide any additional information.	c Add lines 4a and 4b		f <u>L. 40 I</u>	A CONTRACTOR	
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complet	te this part to provide any r	additional Information.		
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29 Schedule D (Form 990	10-28-21	90		Schedu	le D (Form 990) 2021

SCHEDULE G (Form 990)		ental Information Regardin he organization answered "Yes" o	n Forn	n 990,	Part IV, line 17, 18,	or 19		OMB No. 1545-0047
		organization entered more than \$ Attach to Form 99				•		<u></u>
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for inst				tion.		Open to Public Inspection
Name of the organization	1						1 .	entification numb
Parti Fundrais		FOR SUCCESS LOUISV					61-138:	3568
required to	complete this pa	Complete if the organization answ rt.	rerea ·	tes" c	on Form 990, Part IV,	une 1	7. Form 990-E.	Z filers are not
		sed funds through any of the followi				•		
a Mail solicitati	ons amail solicitation				government grants			
c Phone solicit				-	mment grants events			
d in person soll			u 108808	យទទះអ្ន	events			
•		or oral agreement with any individua	i (inclu	ding o	fficers, directors, tru	stees,	Or	
key employees liste	d in Form 990, F	Part VII) or entity in connection with p	oroless	ional f	undraising services?		Ve:	
		viduals or entities (lundraisers) pursu	uant to	agree	ments under which t	he fur	ndraiser is to b	e
compensated at lea	st 50,000 by the	organization.	- <del></del>			·····		
(i) Name and address or entity (fundr	raiser) (ii) Activity		(iii) Did Andraiser heve custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount pa to (or retained to fundraiser	r retained by)	y) to (or retained by
48 - 189 - Euf-Amber Scholler, and Colo Diversity of Coloris and Colorism (Colorism Colorism)			Yes	No				
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tal								
List all states in which or licensing.	the organization	is registered or licensed to solicit or	ontribu	tions o	or has been notified I	l is ex	empt from regi	stration
	****			••••••••••••••••••••••••••••••••••••••				
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132051 10-21-21

Pa			FOR SUCCESS L			-1383568 Page
		Fundraising Events. Complete if of fundraising event contributions and g				
7	· · · ·		(a) Event #1	(b) Event #2	(c) Other events	Bringers, and
					NONE	(d) Total events (add col. (a) through
			GALA			col. (c))
			(event type)	(event type)	(total number)	
Revenue						
3	1	Gross receipts	54,867.		<u> </u>	54,867
"			20.000			
	2	Less: Contributions	32,070.	ļ		32,070
		Orana (assume films of minus line O)	22,797.			22,797
┽	3	Gross income (line 1 minus line 2)	20,131.		the second se	22,131
	4	Cash prizes			le la	
	•			4	Ê DO .	1
	5	Noncash prizes		٩	S. M. M.	
8						
Expenses	6	Rent/facility costs			evilitiones.m	
ð				×.		
	7	Food and beverages		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5	e	Entodoiomont				
		Entertainment				19,282
		Direct expense summary. Add lines 4 through				19,282
1		Net income summary. Subtract line 10 from I			<b>&gt;</b>	3,515
T		\$15,000 on Form 990 EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
2			(a) Bingo 👋	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
ANIOADU		· · · · · ·		<i>y</i>		
1	1	Gross revenue				
	2	Cash prizes				
	3		ASSESS STREET			1
5]		Noncash prizes				
		Noncash prizes			9 99 99 10 10 10 10 10 10 10 10 10 10 10 10 10	
		and the second				
4	4	Rent/facility costs				
4	4	Rent/facility costs				
4	4	Rent/iacility costs	Yes%	Yes%		
3	4	Rent/facility costs	% Yes% No	☐ ¥es% No%	Yes%	
	4 5	Renl/iacility costs Other direct expenses Volunteer labor	No //	No No		
	4 5	Rent/iacility costs	No //			
	4 5 6	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through	5 in column (d)	No	No *	
	4 5 6	Renl/iacility costs Other direct expenses Volunteer labor	5 in column (d)	No	No *	
E	4 5 6 7 1 3 1	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through Net gaming income summary Subtract line 7 or the state(s) to which the organization condu	15 in column (d)           15 in column (d)           from line 1, column (d)           cts gaming activities:	No	No	
	4 5 7 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rent/facility costs	15 in column (d)           15 in column (d)           from line 1, column (d)           cts gaming activities:	No	No	
	4 5 7 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through Net gaming income summary Subtract line 7 or the state(s) to which the organization condu	15 in column (d)           15 in column (d)           from line 1, column (d)           cts gaming activities:	No	No	
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11	iedule G (Form 990) 2021 DRESS FOR SUCCESS LOUISVILLE INC. 61-1383568 P
	Does the organization conduct gaming activities with nonmembers?
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
	Indicate the percentage of gaming activity conducted in:
	The organization's facility
þ	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name 🕨
	Address 🕨
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount
	of gaming revenue retained by the third party <b>&gt;</b> \$
	If "Yes," enter name and address of the third party:
Ŷ	
1	Name 🕨
1	Address 🕨
16 (	Gaming manager information:
Ņ	Name 🕨
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•	Director/officer     Employee     Independent contractor
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chedule G (Form 990)	DRESS F	OR SUCCESS	S LOUISVILLE	INC.	<u>61-1383568 Pa</u>
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2021.03041 DRESS FOR SUCCESS LOUISVI 09189011

SCHEDULE O (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.trs.gov/Form990 for the latest information.



Employer Identification number 61-1383568

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

DRESS FOR SUCCESS LOUISVILLE INC.

PROVIDING A NETWORK OF SUPPORT, PROFESSIONAL ATTIRE AND THE DEVELOPMENT

TOOLS TO HELP WOMEN THRIVE IN WORK AND IN LIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE, EXECUTIVE COMMITTEE, AND THE

EXECUTIVE DIRECTOR BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

MANAGEMENT MONITORS THE COLLECTION OF CONFLICT OF INTEREST STATEMENTS FROM

ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE SETS MANAGEMENT PAY.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE AND ON THE BBE

WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2021

34 2021.03041 DRESS FOR SUCCESS LOUISVI 09189011

## ARTICLES OF INCORPORATION OF

## DRESS FOR SUCCESS, LOUISVILLE, INC.

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Bobbie Holsclaw,

By

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The undersigned hereby incorporates a nonprofit corporation ("Corporation") without capital of lied stock or stockholders, under the provisions of KRS 273.161 et seq., and for that purpose adopts the 13 50 F1.1 following Articles of Incorporation.

### ARTICLEI

### Name of Corporation

The name of the Corporation is Dress for Success, Louisville, Inc.

## ARTICLE II

### Purposes and Powers

(1) Any provision of these Articles of Incorporation to the contrary notwithstanding, the Corporation shall not have any purpose or object, nor have or exercise any power, norengage in any activity, which in any way contravenes, or is in conflict with, the other provisions of ARTICLE II of these Articles of Incorporation.

(2) The objects and purposes of the Corporation, and the powers it shall have and may exercise, are as follows:

(a) As general and controlling purposes, to conduct and carry on its work, not for profit, but exclusively for charitable, scientific or educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code") (references herein to sections or provisions of the Code shall be deemed to include and refer to, to the extent applicable, any similar sections or provisions of any subsequent Federal tax laws), in such manner (i) that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation, except as reasonable compensation for services actually rendered, (ii) that it shall not directly or indirectly participate in or intervene in any political campaign on behalf of any candidate for public office, and (iii) that no substantial part of its activities shall be carrying on propaganda or otherwise attempting to influence legislation.

(b) As a particular purpose in furtherance of, consistent with, and subject to, the general and controlling purposes set forth in Section (2)(a) of this ARTICLE II, to organize, promote, foster, assist (whether financially or otherwise) and conduct such charitable, scientific, and educational enterprises, activities and institutions as from time may be determined, selected or decided upon by the Corporation's Board of Directors consistent with the purposes stated ab ove.



accountants and others in connection with the performance of any duty or trust arising under such agreement; and

(ix) To do any and all things which the Corporation's Board of Directors may determine, consistent with the provisions hereof, to be necessary or appropriate to effectuate the purposes for which the Corporation is organized as herein set forth, to the extent that the doing of such act or thing is not inconsistent with the provisions of Chapter 273 of Kentucky Revised Statutes, or any other applicable law or statute of the Commonwealth of Kentucky, or section 501(c)(3) of the Code.

(3) Notwithstanding any other provision of these Articles of Incorporation, if, at any time, the Corporation shall be determined to be a private foundation or private operating foundation as defined in section 509 or section 4942 of the Code, then:

(a) The Corporation shall distribute its income for each taxable year at such time and in such mariner as not to become subject to the tax on undistributed income imposed by section 4942 of the Code.

(b) The Corporation shall not engage in any act of self-dealing as defined in section 4941(d) of the Code.

(c) The Corporation shall not purchase nor retain any excess business holdings as defined in section 4943(c) of the Code.

(d) The Corporation shall not make any investments in such maxmer as to subject it to tax under section 4944 of the Code.

(c) The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Code.

### ARTICLE III

### Duration

The Corporation shall have perpetual duration.

### ARTICLEIV

### Members

3

There shall be no members of the Corporation.

### ARTICLE VIII

### Principal Office

The mailing address of the principal office of the Corporation is c/o Cathedral of the Assumption, 443 South Fifth Street, Louisville, Kentucky 40202.

### ARTICLE IX

### Distribution of Assets Upon Dissolution

If, at any time, the Corporation dissolves, the assets of the Corporation shall be applied and distributed as follows:

(a) All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provision shall be made therefor

(b) Assets that have been received and are held by the Corporation subject to limitations permitting their use only for charitable, scientific, literary, religious, educational or similar purposes shall be transferred or conveyed to (i) one or more corporations, societies or organizations organized under the laws of any state that are exempt under section 501(c)(3) of the Code, (ii) the Federal government or (iii) a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law.

(c) Other assets, if any, shall be transferred or conveyed to (i) one or more corporations, societies or organizations organized under the laws of any state that are exempt under section 501(c)(3) of the Code, (ii) the Federal government or (iii) a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law.

(d) Any assets not disposed of pursuant to the previous provisions of this ARTICLE IX shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located to such organizations, as the court shall determine, which are organized and operated exclusively for charitable purposes and are exempt under section 501(c)(3) of the Code.

### ARTICLE X

#### Incorporator

Patrick R. Northam, whose mailing address is c/o Greenebaum Doll & McDonald PLLC, 3300 National City Tower, Louisville, Kentucky 40202, is the sole incorporator of the Corporation.

### ARTICLE XII

### Elimination of Certain Liability of Directors

A director of the Corporation shall not be personally liable to the Corporation for monetary damages for breach of such director's duties as a director; provided, however, that this provision shall not eliminate or limit the liability of a director for the following; (i) for any transaction in which such director's personal financial interest is in conflict with the financial interests of the Corporation, (ii) for acts or omissions not in good faith or which involve intentional misconduct or are known to such director to be a violation of law or (iii) for any transaction from which such director derived an improper personal benefit. This ARTICLE XII shall continue to be applicable with respect to any such breach of duties by a director of the Corporation as a director notwithstanding that such director may thereafter cease to be a director and shall inure to the personal benefit of such director's heirs, executors and administrators.

### ARTICLE XIII

### Private Property of Incorporator and Directors

None of the private property of the incorporator or any director of the Corporation shall be subject to any of the Corporation's debts and liabilities.

### ARTICLE XIV

### Severability of Provisions

Except as may conflict with the provisions of ARTICLEII, if any provision of these Articles of Incorporation, or its application to any person or circumstances, shall be held invalid by a court of competent jurisdiction, the invalidity shall not affect any other provisions or applications of these Articles of Incorporation that can be given effect without the invalid provision or application, and to this end the provisions of these Articles of Incorporation are severable

INTESTIMONY WHEREOF, witness the signature of the undersigned on this the 2014 day of January, 2001.

PAIRICK R. NORTHAM, Incorporator

#### CONSENT OF REGISTERED AGENT

The undersigned, having been named in the Articles of Incorporation as the registered agent of

Used 2018 Ford Transit-250 For Sale at All-State Ford Truck Sales | VIN: 1FTYR1YMXJKB16513

📞 Sales: 502-907-1363 💪 Service: 502-785-8133 📞 Parts: 502 👔 791 🍳 1357 Gardiner Lane, Louisville, KY 40213



Custom Order the Ford of Your Dreams and Potentially Earn Cash Back - Get Started Now!



## Used 2018 Ford Transit-250 Base w/Sliding Pass-Side Cargo Door Van V-6 cyl

VIN: 1FTYR1YMXJKB16513 Stock: P5930

Original Price	\$45,900
Internet Price**	\$40,990
Internet Price** Detailed Pricing	\$40,990
We're here <b>502-907</b>	·

Exterior Color Transmission Oxford White Automatic Interior Color Drivetrain Charcoal **Rear-wheel Drive** Odometer Engine 31,275 miles 3.7L V-6 cyl

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https://www.allstateford.com/used/Ford/2018-Ford-Transit-250-925942010a0e09714338c0b40b410630.htm

## **Detailed Specifications**



### **Dealer Notes**

OPTIONAL EQUIPMENTPREFERRED EQUIPMENT PKG.101A3.73 RATIO REGULAR AXLE X73FRONT LICENSE PLATE BRACKETFIXED PASS SIDE GLASSEXTERIOR UPGRADE PACKAGE\* 6.5X16 STEEL SILVER COVER9000# GVWR PACKAGECHARCOAL CLOTH 2WAY SD ARBAGSSHIP-THRU KC REMANUFACTURING50 STATE EMISSIONSREAR BUMPER BLACKCRUISE CONTROL4X FRONT SPEAKERS FULL RANGEDAYTIME RUNNING LAMPSE TO F FUEL GAUGEFUEL GAUGE CALIBREMOTE ODO FUSE 2 NOPATSSCUFF PLATESPrice does not include applicable Tax, Title, License and \$199 Doc Fee. Although every reasonable effort has been made to ensure the accuracy of information contained on this site, absolute accuracy cannot be guaranteed. The site and all information and materials appearing on it, are represented "as is" without warranty of any kind expressed or implied. All vehicles subject to prior sale.

### **KBB.com Consumer Reviews**

BLUE BOOK The Trusted Resource	Overall <b>3.7</b> Out of 5
<b>A Reasonably Comfortable, Nice Performance Vehicle</b> By GL   Wednesday, March 27, 2019	4.0
This transit with the 3.7 L engine drives great with plenty of power for driving t and mountains of east tennessee. It handles curves and street driving ok as well. I Read More	
<b>Fantastic In So Many Ways</b> By cgs   Sunday, January 02, 2022	5.0
I bought the Transit 250 high roof cargo van, 148" wheel base, medium length. absolutely LOVE it in every way. I use it as a daily driver. Mileage is about 17-21 mpg, more Read More	
<b>It's Been A Great Family Van For Us!</b> By John M   Monday, September 06, 2021	5.0
Driven this van for 125k miles with virtually no problems. A couple recall items were fully paid by Ford. Great for long distance road trips and drives very smooth. Super lo	
. More	

Chat now

https://www.allstateford.com/used/Ford/2018-Ford-Transit-250-925942010a0e09714338c0b40b410630.htm



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1 on 34 consumer ratings for 2015–2022 models. | Privacy ://www.kbb.com/company/privacy-policy/)

## **New Arrivals**



2020 Ford F-150 Truck SuperCab... \$40,490



2020 Ford F-150 Truck SuperCre... \$48,990



2019 Ford F-150 Truck SuperCre... \$41,990



2020 Ford F-150 Truck SuperCre... \$47,990

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returns incl	ude, but are not lin 9-INT (interest earr	lited to, the following.	li	you do not return Fo subject to beckup wit	orm W-9 to the requ	ester with t is backur	a TIN, you might withholding
			late	r.			

Cal. No. 10231X

Form W-9 (Rev. 10-2018)

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Dress for Success Louisville

Phone: 502-584-8050

Going Places. Going Strong.

Email: louisville@dressforsuccess.org

Website: louisville.dressforsuccess.org

913 East Main Street, Suite 101 B Louisville, KY 40206

## **CLIENT REFERRAL FORM**

Appointment Info (\*Completed by DFSL Staff\*):

Date Received: \_\_\_\_\_

Appointment Date:\_\_\_\_\_

Appointment Time:\_\_\_\_

No Show: Yes No Circle: DFSL Office / Mobile Career Center

Please Note: Please show respect for the time of other clients and Dress for Success Louisville staff; Arrive on time for your appointment.

Submit this completed form to Dress for Success Louisville at louisville@dressforsuccess.org.

PART 1: CLIENT INFORMA Name:	
	Apt #:
Zip:	
City:	State:
Phone:	Email:
This CONFIDENTIAL info i	s collected <u>ONLY</u> for reporting purposes within our collective client database, helping he greatest client needs might lie in our community and how we can better assist.
	Is below that apply to you, your struggles, or your background:         Homelessness       Disability         Immigration       Racial trauma         Mental illness       Addiction
Date of Birth:	Current Age: Pronouns/Gender Identity:
	helter Other Receiving public assistance: Yes No
Highest level education con	npleted: Marital status:
Ethnicity:	Total # children: # under 18: # in custodial care:
	our education? Yes No Had you owned a suit before coming to DFSL? Yes No
lousehold income:	Family size:
	INFORMATION
gency address:	
	Contact phone:
ontact email:	

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	OR EMPLOYMENT INFORMATION v Suiting): / / /		
Company:			
		/ Part time_Full tir	ne
Company:	industry:	Position:	

#### PART 4: PHOTO AUTHORIZATION

I grant permission to Dress for Success Louisville's representatives, to take and use photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Dress for Success Louisville.

Date: \_\_\_\_

Signature:	
------------	--

PART 5: GOALS Please share your career goals:

#### PART 6: BARRIERS

Please describe any barriers such as transportation, childcare, felonies, etc. that you may be currently facing that may prevent you from finding employment:

PART 7: EXPERIENCE (to be completed after the suiting appointment)
Please describe your experience at Dress for Success Louisville:



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### **ACCOUNTABILITY FORM**

At your suiting appointment, a trained Dress for Success personal stylist will help you select interview and/or employment appropriate clothing and accessories. The suiting appointments are very individualized and are tailored as one-on-one. Therefore, we kindly ask that others <u>not</u> accompany you.

Please arrive on time for your suiting appointment. Notify us as soon as possible if you need to cancel/re-schedule.

			<u></u>
SUITING INFO (Comple	ted by DFSL St	aff/Volunteer)	REAT THE PROPERTY AND A SECTOR
Shoe S	ize:	Bust Size:	
received:			
Skirts	Jackets	Dres	ses
			ergarments
t Extender, Stitch Witchery, F	lair Care Products,	Make-Up, Dryel, etc.):	
TES:			
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		111-1	
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		and the state of the state of the state of the	the second s
	SUITING INFO (Complete Shoe S received: Shirts/blouses/tops Skirts Scrubs t Extender, Stitch Witchery, H	SUITING INFO (Completed by DFSL States) shoe Size:	SUITING INFO (Completed by DFSL Staff/Volunteer)



## Kentucky Secretary of State Michael G. Adams

## DRESS FOR SUCCESS LOUISVILLE, INC.

File Annual Report	File Certificate of Assumed Name (DBA)		
Change Address or Registered Agent File Dissolution			
Printable Forms	Subscribe to changes made	to this entity	Certificates

## **General Information**

Organization Number	0509931
Name	DRESS FOR SUCCESS LOUISVILLE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	КҮ
File Date	2/1/2001
Organization Date	2/1/2001
Last Annual Report	6/28/2022
Principal Office	913 E. MAIN ST., STE. 101B
	LOUISVILLE, KY 40206
<b>Registered Agent</b>	MONET BECKER
	913 E MAIN ST
	STE. 101B
	Louisville, KY 40206
Current Officers	

Chairman	Renee Nadeau
Secretary	Bansari Mehta
Treasurer	<b>Rachel Guttstein</b>
Director	Veronica Hiriams
Director	Paris Parada
Director	Diane Isdith

Dallas Cheatham
PJ Richter
Allison Jamison Woosley
Christi Vandersyde
Tara Guptill
Alyssia Jones
Hayley Grant
Courtney Lewis

## Individuals / Entities listed at time of formation

Director	SHANNON WHITE
Director	MARCIA FACHLER
Director	JOYCE PARRISH
Incorporator	PATRICK R NORTHAM

### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	6/28/2022	1 page	PDF	
Registered Agent name/address	5/25/2022 7:22:41 PM	1 page	PDF	
change				
Annual Report	5/27/2021	1 page	PDF	
Annual Report	2/5/2020	1 page	PDF	
Registered Agent name/address change	4/19/2019 12:53:18 PM	1 page	PDF	
Annual Report	4/19/2019	1 page	PDF	
Principal Office Address Change	9/17/2018 4:01:00 PM	1 page	PDF	
Registered Agent name/address change	5/7/2018 11:42:22 AM	1 page	PDF	
Principal Office Address Change	5/7/2018 11:35:15 AM	1 page	PDF	
Annual Report	5/7/2018	1 page	PDF	
Registered Agent name/address change	5/8/2017 2:26:42 PM	1 page	PDF	
Annual Report	5/8/2017	1 page	PDF	
Annual Report	4/7/2016	1 page	PDF	
Registered Agent name/address change	4/1/2016	1 page	tiff	PDF
Principal Office Address Change	9/30/2015	1 page	tiff	PDF
Registered Agent name/address change	9/30/2015	1 page	tiff	PDF
Annual Report	5/13/2015	1 page	PDF	
Annual Report	8/5/2014	1 page	PDF	
Annual Report	5/28/2013	1 page	tiff	PDF
Annual Report	9/10/2012	1 page	tiff	PDF
Annual Report	4/6/2011	1 page	tiff	PDF
Annual Report	3/5/2010	1 page	PDF	
Annual Report	8/6/2009	2 pages	tiff	PDF
Annual Report	5/22/2008	1 page	tiff	PDF
Registered Agent name/address change	5/20/2008	1 page	tiff	PDF

Annual Report	2/26/2007	1 page	PDF	
Statement of Change	2/20/2007	1 page	tiff	PDF
Annual Report	2/5/2006	1 page	PDF	
Annual Report	9/2/2005	1 page	PDF	
Statement of Change	1/13/2005	1 page	tiff	PDF
Statement of Change	8/12/2004	1 page	tiff	PDF
Annual Report	5/5/2003	1 page	tiff	PDF
Annual Report	11/6/2002	1 page	tiff	PDF
Articles of Incorporation	2/1/2001	8 pages	tiff	PDF

## **Assumed Names**

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/28/2022 3:46:48 PM	6/28/2022 3:46:48 PM	
Registered agent address char	5/25/2022 7:22:41 <sup>ge</sup> PM	5/25/2022	
Annual report	5/27/2021 2:00:59 PM	5/27/2021 2:00:59 PM	
Annual report	2/5/2020 12:21:20 PM	2/5/2020 12:21:20 PM	
Registered agent address chan	4/19/2019 12:53:18 <sup>ge</sup> PM	4/19/2019 12:53:18 PM	
Annual report	4/19/2019 12:45:37 PM	4/19/2019 12:45:37 PM	
Principal office change	9/17/2018 4:01:00 PM	9/17/2018 4:01:00 PM	
Annual report	5/7/2018 11:53:56 AM	5/7/2018 11:53:56 AM	
Registered agent address chang	5/7/2018 11:42:22 <sup>ge</sup> AM	5/7/2018 11:42:22 AM	
Principal office change	5/7/2018 11:35:15 AM	5/7/2018 11:35:15 AM	
Annual report		5/8/2017 2:39:26 PM	
Registered agent address chang			
Annual report	4/7/2016 11:17:44 AM		
Registered agent address chang	e4/1/2016 9:53:08 AM		
Registered agent address chang	9/30/2015 10:57:33	9/30/2015	
Principal office change	9/30/2015 10:56:40 AM	9/30/2015	
Annual report	5/13/2015 11:14:09 AM	5/13/2015 11:14:09 AM	
Annual report	8/5/2014 4:05:41 PM	8/5/2014 4:05:41 PM	
Annual report	5/28/2013 4:02:15 PM	5/28/2013	
Annual report	9/10/2012 11:57:50 AM	9/10/2012	
Annual report	4/6/2011 3:03:15 PM	4/6/2011	

Annual report	3/5/2010 12:39:51 PM	3/5/2010 12:39:51 PM
Annual report	8/6/2009 11:50:52 AM	8/6/2009
Annual report	5/22/2008 9:18:26 AM	5/22/2008
Registered agent address chang	5/20/2008 10:22:15 AM	5/20/2008
Annual report	2/26/2007 10:37:50 AM	2/26/2007 10:37:50 AM
Registered agent address chang	2/20/2007 8:23:26 Je AM	2/20/2007
Annual report	2/5/2006 12:09:08 PM	2/5/2006 12:09:08 PM
Annual report	9/2/2005	9/2/2005
Registered agent address chang	e <sup>1/13/2005 10:55:54</sup> AM	1/13/2005
Registered agent address chang	e <sup>8/12/2004</sup> 1:53:57 PM	8/12/2004
Principal office change	4/14/2004 12:54:51 PM	4/14/2004
Principal office change	9/12/2002 10:09:49 AM	9/12/2002
Add	2/1/2001 3:50:51 PM	2/1/2001

## **Microfilmed Images**

# Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Articles of Incorporation	2/1/2001	8 pages
Annual Report	11/6/2002	1 page
Annual Report	5/5/2003	1 page
Annual Report	5/19/2004	1 page
Statement of Change	8/12/2004	1 page
Statement of Change	1/13/2005	1 page

Contact Site Map

Security

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