Executive Summary of Request: 5K A funce Wall in Saturday april 2014 at Shawwee Havel. Ju A antite consistent independence of Manual consistent of particle particle parties. Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Prove reviewed the attached Neighborhood Development Fund Application and have found it complete and then Methe Council guidelines and request approval of funding in the following amount(s). I have read the solution's statement of public purpose to be furthered by the funds requested and I agree that the public solution's statement of public purpose to be furthered by the funds requested and I agree that the public solution's statement of public purposes to be furthered by the funds requested and I agree that the public solution's statement of public purposes to be furthered by the funds requested and I agree that the public for the best of the disclosure section below, if required. 5 The best of Dim ary Sponsor Signature ISOD. If Amount Date Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this
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Solution Metro Council guidelines and request approval of funding in the following amount(s). I have read the enderstation's statement of public purpose to be furthered by the funds requested and I agree that the public provide is legitimate. I have also completed the disclosure section below, if required. 5 <i>Minib Adm/Mark 1500.</i> 5 <i>Minib Adm/Mark 1500.</i> 6 <i>Primary</i> Sponsor Signature Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this
List below any personal or business relationship you, your family or your legislative assistant have with this
Dependence Chairman Date
Clerk's Office Only: Request Amount: Committee Amended Appropriation:

I Page Effective February 2014 OFFICE OF METRO COUNCIL CLERK REVIEWED DATE <u>4.22.14</u> TIME <u>11:34</u> am

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 #	Council Member Signature	<i>Ě2,5</i> 5 8.00 Amount	<u>3 - 13 - 14</u> Date
4 i 1 #	Council Member Signature	$\frac{\$500.5}{\text{Amount}}$	$\frac{3-25-14}{\text{Date}}$
3	Mary C. Woolrike Cound Member Signature	$\frac{4500}{\text{Amount}}$	<u>3-25-14</u> Date
5	Council Member Signature	1,500 ²⁰ Amount	<u>7-10-14</u> Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
	Consett Meanber Signature	Amount	Date

•

Legal Name of Applicant Organization:	Dress	to	Juccess	- Couisn	Ile. Ir
Program Name:	Request	Amount:			Yes/No/NA
Request form: Is the NDF request form sig	ned by all Coun	cil Member	(s) appropriating fu	nding?	L
Request form: Is the funding proposed less	than or equal to	the request	amount?	//////////////////////////////////////	
Request form: Have all known Council or cover sheet?	Staff relationshi	ps to the Ag	ency been adequate	ely disclosed on the	L
Application Page 1: Has prior Metro funds	committed/gran	ited been dis	sclosed?		L
Application Page 1: Is the application prop	erly signed and	dated by aut	horized signatory?		\mathcal{L}
Application Page 3: Reimbursement fundine description he grant award period. Is all required docur			ked if any expenses	are incurred before	L
Application Pages $3-5$: Is the proposed pu	ublic purpose of	the program	well-documented	?	V
Application 4: Is there adequate documenta	tion of how the	proceeds of	the fundraiser will	be spent?	<u> </u>
Application Budget Page 6: Does the applic project/program (page 6) if the request is not 'Metro, Non Metro and Total'' expense fund expenses? And does the Non-Metro Revenu	an operating but s for client assist	dget request tance, comm	t? Is all detail sche nunity events & fes	dules included for	\smile
Faith Based Organizations: Is the signed Faith Based Organizations	aith Based Form	signed and	included?		\sim
efferson County Only: Will all funding be	e spent in Louisv	ville/Jefferso	on County?		\sim
Capital Project(s) request: Is the cost estim	ate(s) from prop	osed vendo	r(s) included?		<u> </u>
 Good Standing: Is the entity in good standi Kentucky Secretary of State – i Louisville Metro Government – Internal Revenue Service – most 	nclude Secretary - check OMB mo	onthly repor			
Separate Taxing Districts: If Metro fundin rogram outside the legal responsibility of th			trict, is the funding	appropriated for a	\smile
Small Cities: Is the resolution included agree Determination letter not required, Form 990 p					
perating Requests: Is recommended oper	ating funding les	s than or eq	ual to 33% of total	operating budget?	<u> </u>
RS Exempt Proof: Is proof of Tax Exempt	status of 501(c)	3, 4, 6, 19,	1120-H included?		
Operating Budget: Is the organization's cur	rent fiscal year o	operating bu	dget included?		
Ordinance Required: Is the amount commi roject/program within an organization in		members gr	eater than \$5,000 to	o any one	Ĺ
coard Members: Is the entity's board mem	ber list (with terr	m length/ter	m limits) included?)	<u> </u>
taff: Is a list of the highest paid staff includ	ed with their exp	pected annua	al personnel costs?		
nnual Audit: Is the most recent annual aud	lit (if required by	y organizatio	on) included?		L
ent Requests: Is a copy of signed lease inc	luded?				~
rticles of Incorporation: Are the Articles	of Incorporation	of the organ	nization included?		<u> </u>
RS Form W-9: Is the IRS Form W-9 includ	led?				\sim
valuation Forms: Are the evaluation form	s (if program par	ticipants are	e given evaluation f	forms) included?	
ffirmative Action: Affirmative Action/Equation acluded (if required by the organization)?	ual Employment	Opportunity	y plan and/or policy	y statement	\checkmark
repared by:			Date:		



LOUISVILLE METRO COUNCIL



NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT IN	FORMATION
Legal Name of Applicant Organization: (as listed on: <u>http://www.sos.ky.gov/business/records/</u>) Dress for	Success Louisville, Inc.
Main Office Street & Mailing Address: 317 Guthrie Street, 1	Louisville, Ky 40202
Website: www.dressforsuccess.org/louisville	, , ,
Application Contact: Betty J. Fox	Title: Executive Director
Phone: 502-584-8050	Email: betty@dfslou.org
Financial Contact: Valerie Daugherty	Title: Program & Workforce Development Director
Phone: 502-584-8050	Email: valerie@dfslou.org
GEOGRAPHICAL AREA(S) WHERE PROGRAM AG	TIVITIES ARE (WILL BE) PROVIDED
Program Facility Location(s): Shawnee Park and Chickasaw	
Council District(s): Five(5) Zip Co	ode(s): 40202-40210, 40211-40219, 40220-40272, 40258, 40119
SECTION 2 - PROGRAM REQUEST & F	INANCIAL INFORMATION
Program Name: Powerwalk	
	s program) in previous year : \$0
The following are required attachments:	
	igned lease if rent costs are being requested
List of Board of Directors (include form & form limits)	RS Form W9 Evaluation forms if used in the proposed program
🛛 🖃 Current financial statement	Annual audit (if required by organization)
Most recent IRS Form 990 or 1120-H	aith Based Organization Certification Form, if required
Articles of Incorporation	Staff including the 3 highest paid staff
capital expense	
Agency Fiscal Yr Start Date: January 1	
For the current fiscal year ending June 30, list all funds received from Louisv	ville Metro Government for this or any other program or
expense, including funds received through Metro Federal Grants, from any o Development Funds). Attach additional sheet if necessary.	department or Metro Council Appropriation (Neighborhood
Source: Metro Government	Amount: \$17,000
Source:	Amount: \$
Source:	Amount: \$
Has the applicant contacted the BBB Charity Review for participation?	Yes 🗌 No
Has the applicant met the BBB Charity Review Standards? 🔳 Yes 🛛 No	
SECTION 3 - SIGN	
I certify under the penalty of law the information in this application (inclu	ding, without limitation, the "Certifications and Assurances") is
accurate to the best of my knowledge. I am aware my organization will falsification. If falsification is shown after funding has been approved, an	v allocations already received and expended are subject to be
repaid. I further certify that I am legally authorized to sign this application f	
Signature of Legal Signatory:	Date: 35 2014
Legal Signatory (please print): Betty TTFOX	Title: Executive Director
Phone: 502-584-8050 Extension:	Email: beth @dfs/64.000

SECTION 4 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of Dress for Success Louisville is to promote the economic independence of disadvantaged women (80% are living at or below the poverty level; each with 2 or more children) by providing professional attire, a network of support and the career development tools to help women thrive in work and life. Clients are initially referred to DFSL from other non-profit agencies, shelters, and social service agencies. We provide programs that offer ongoing training and support to enhance the skills our clients nee to help them land a job, retain a job and excel in the workplace. Unemployed clients are guided through mock-interviews with skilled HR professionals; assistance is provided with resume and cover letters. After clients land a job, they are invited to our on-going Job & Career Center Retention training programs led by skilled professionals. We also focus on financial literacy & Health & Wellness.

SECTION 5 - PROGRAM NARRATIVE

- A: Purpose of Request (check all that apply):
 - □ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
 - Programming/services/events for direct benefit to community or qualified individuals
 - □ Capital Project of the organization (equipment, furnishing, building, etc)

B: 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 5k Power Walk will be held on Saturday, April 19, 2014, 8:00 A.M. - 12 NOON. We will start at Shawnee Park walk to Chickasaw Park and end at Shawnee to complete a 5K. The goal of the walk is to promote an active lifestyle and healthy living. Supporting the health & wellness initiatives of Dress for Success Louisville's Professional Women's Group, POWER-women and their families from all over the community will come together for this fun, festive, and family-oriented fitness event.

At Dress for Success Louisville, our clients recognize that in order to fully achieve and maintain economic independence, they must make healthy choices in work and in life. The Power Walk for Dress for Success Louisville serves as both a catalyst for and a celebration of those choices. DFSL is focused on making a difference in tackling overweight and obesity among disadvantaged minority groups (women and children) with income levels below the poverty line, that reside in West Louisville neighborhoods. Overweight and obesity continue to rank as the fifth leading global risk for mortality. In addition, 44% of the diabetes burden, 23% of heart disease burden and between 7% and 41% of certain cancer burdens are attributable to overweight and obesity. In Metro Louisville are alarming which include 59% of Louisvillians are overweight and 78% are not eating five or more servings of fruits and vegetables, and finally 35% engage in no physical activity.

The Power Walk is a collaborative effort, to address this target population, by many community partners, with the support of the West Louisville Business Association, Norton Healthcare, Substance Abuse Prevention Coalition. The committee believes that a healthy lifestyle includes a healthy mind, body, and spirit, and the range of activities available will reflect that.

C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):
Funds will be used to secure an events coordinator \$1900. In addition, we will purchase the following: Heathy Food Demonmstrations: Chef Johnetta:\$150 Fitness & Zumba: TNT Fitness: \$50 Tons of Fun Rentals: Start/Finish Line Arch: \$150 Tons of Fun Rentals: Inflatable Obstacle Course for Pony UP: \$350 Tons of Fun Rentals: Generator 3-4: \$75 Tons of Fun Rentals Labor(4)=\$100 Tons of Fun Rentals Labor(4)=\$100 Tons of Fun Rentals Set up Fee Early:\$25.00 Stick Horses (10 @ \$30.29 each) = \$300(YoYo.com) Insurance: \$850 (VanZandt, Emich & Cary) Photographer: \$150 Printing: \$300(Flyers, Registratation forms, waivers, Posters) PA System: \$50 rental(Du Wop Shop) Trash Bags: \$100.00(Quill.com) Event Supplies (clip boards, walker bibs, stickers, supplies paint for face painting):\$250.00(Quill.com) Team Trophy (1st, 2nd, and 3rd place teams)(Award Center)\$60 Ribbons for winners of the Kids Zone & Pony Races \$30
D: For Expenditure Reimbursement Only - The grant award period begins with the Metro Council Appropriation Committee approval date and ends on June 30 of the fiscal year in which the grant is approved. If any part of this funding request is for funds that will be spent before the grant award period, identify the applicable circumstances:
 The funding request is a reimbursement of the following expenditures that have occurred prior to the application date: Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
The funding request is a reimbursement of the following expenditures that will be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with the
 grant agreement. ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application. ✓ The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

E: If this request is for a fundraiser, please detail how the proceeds will be spent:

In 2013, 94% of all contributions to Dress for Success Louisville supported our programs and services. It is very important for us to minimize our administrative and fund-raising costs to ensure that we are serving disadvantaged women with the best possible programs and services to help them achieve economic independence.

Funds generated from this event will help to fund The Professional Women's Group (PWG) for Dress for Success Louisville. The PWG is comprised of clients who have recently entered the workforce, some for the first time, to provide support, practical information and inspiration to help women achieve self-defined success in career and in life. It is the first and only employment retention model that moves low-income women towards self-sufficiency by addressing their social and economic needs in relation to work, home and community.

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 specifically.

Dress for Success Louisville has existing collaborative partnerships with West Louisville Business Association, Shawnee Christian Health Center, Norton Healthcare, Humana, Harambee, TNT Fitness, Seven Counties(JADAC), Chef Johnetta, Kentuckiana Girl Scouts, Louisville Urban League, local schools, etc.

West Louisville Business Association is our key partner in the 5k Powerwalk. They will bring businesses, city officials, residents, healthcare providers and kids to the event.

Other partners will help conduct health screenings, distribute health & wellness tips, drug and alcohol prevention information, and more. Fitness experts will lead zumba and other fitness sessions. Healthy snacks and recipes will be distributed by Kentuckiana Girl Scouts. Food demonstrations with local renowned chefs will also take place. Kids Zone, ages 2 - 12, will include face painting, play fun pre-Derby Games that promote "movement" all while getting their hands messy while learning how to prepare healthy and fun snacks.

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. Enter whole-dollar amounts.

Program Expenses	Column 1 Proposed Metro Funds	Column 2* Non- Metro Funds	Column 3 Total Program Cost
A: Personnel Costs Including Benefits	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	150	150
I: Community Events & Festivals (Attach Detailed List)	5000	5000	10,000
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	0
L: Other Expenses (Attach Detail List)	0	300	300
SUBTOTAL	5000	5450	10450
% of Program Budget –	48 %	52 %	100%
Value of volunteer services and how computed:	N/A	4 hrs x \$21.72	120 hours ea
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. (<i>Detail on Next Page</i>)	N/A	Water Bottles and Breakfast bars	\$549.50
Total Program Funds	\$5,000	5450	\$10,450

*List funding sources in Column 2 (do not include individual donor names):

Other State, Federal or Local Government	0
United Way	0
Private Contributions	0
Fees Collected from Program Participants	5450
Other (please specify)	0
Total Revenues	5450

G: 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 women's empowering, family-friendly event allows parents and kids in West Louisville and surrounding neighborhoods to "Get Up", "Get Out", and "Get Moving About!" As a celebration of healthy lifestyles and well-being, all attendees will participate in activities and receive information on all aspects of healthy living. In addition to health screenings and information, drug and alcohol prevention information, zumba and tai chi, healthy snacks, recipes, and food demonstrations with local renowned chefs and fitness experts will take place. Kids, ages 2 - 12, participating in the Power Walk will participate in face painting, play fun pre-Derby Games that promote "movement" all while getting their hands messy learning how to prepare healthy and fun snacks.

This event aligns with Mayor Fischer's Healthy Hometown Movement. The event generates awareness the "The Riverwalk" and walking paths in west Louisville, introduces health & wellness issues, and will get people in all neighborhoods in Louisville "walking united" for an important cause.

Evaluation of the effectiveness of the project will be measured by the following;

Number of people having blood pressure checks, glucose screenings, and BMI's.

Number of participants in workshops (e.g. healthy nutrition sessions)

Number of people engaged in the physical activities planned during the Power Walk (women, children & families)

PROGRAM BUDGET SUMMARY (CONTINUED)

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Natural Resources	\$299.50	50 x 5.99 per case of 24 water
Skinny Cow	\$250.00	900 x .50 breakfast bars
Volunteers(one day Event)	\$2,606.40	30 vol x \$21.72 x 4hrs
Total Value of In-Kind (<i>to match Program Budget Line Item.</i> Volunteer Contribution &Other In Kind)	\$3,155.90	

* Donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total noting how many hours per person per week)

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO E YES

If YES, please explain:

SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page 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

- 1. 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.
- 2. 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.
- 3. 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.
- 6. 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.
- 7. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
- 8. 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.

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.
- 3. 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.
- 4. 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.

NA

Name (as shown on your income tax return)

Dress for Success Louisville, Inc. Business name/disregarded entity name, if different from above				
Check appropriate box for federal tax classification:	Exemptions (see instructions): Exempt payee code (if any)			
a individual/sole proprietor i c corporation i <td> Exemption from FATCA reporting code (if any)</td>	Exemption from FATCA reporting code (if any)			
Image: Second structure Image: Second structure Image: Second structure Non-Profit 501C3				
Address (number, street, and apt. or suite no.) Requester's r 317 Guthrie Street Requester's r	name and address (optional)			
City, state, and ZIP code				
مّ Louisville, KY 40202				
List account number(s) here (optional)				
Part I Taxpayer Identification Number (TIN)				
	ial security number			
entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.				
	Employer identification number			
number to enter.	1 - 1 3 8 3 5 6 8			
Part II Certification				

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below), and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ►	Betty	L	10	V	Date ► 3/5/2014
Gener	al Instructio	one				withholding tax on foreign partners' share of effectively connected incom

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

ing tax on toreign partners'/share of effectively coni d income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are

exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

An individual who is a U.S. citizen or U.S. resident alien.

· A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

- · An estate (other than a foreign estate). or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt* payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity name " line. If the owner of the anapropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

HTA

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2 2 (0**Open to Public** Inspection

The organization may		
	 of this return to coticat of	to ranoting radiiramante

	riment of I nal Revenu	the Treasury ue Service	► The organiza	ion may have to u	ise a copy of t	his return to s			requirement	ls.	Inspec	tion
Α	For the	e 2012 ca	lendar year, or tax ye	ear beginning		an din Artan	, and	ending				
B	Check if a	applicable:	C Name of organization	Dress For S	Success Louis	sville, Inc.			D Employ	er identific	cation number	
<u> </u>	Address o	change	Doing Business As						61-138356			
1	Name cha	ange	Number and street (or	P.O. box if mail is no	ot delivered to str	eet address)	Room/suite		E Telepho	ne number		
٦,	nitial retu	m	309 Guthrie Street						502-584-8	050		
= 1	Terminate	eđ	City, town or post offic	e, state, and ZIP cod	e							
٦,	Amended	i return	Louisville	ar an an an an		KY	40202		G Gross re			542,031
٦,	Applicatio	on pending	F Name and address of	principal officer:				H(a) is t	his a group re	turn for aff	iliates?	res X No
		• • • •							all affiliates i			res No
<u>і</u> т	ax-exem	ipt status:	X 501(c)(3) 50)1(c) () •	◀ (insert no.)	4947(a)(1)	or 527	, If "	No," attach a	list. (see in	structions)	
JV	Vebsite	: • ww	w.dressforsuccess.o	rg				H(c) Gro	oup exemption	number		
K F	orm of o	rganization:	Corporation] Trust 🚺 Assoc	iation X Oth	er 🏲 AFFIL	ATE LY	ear of forma	ation: 2000) MISI	ate of legal domi	cile: KY
Р	art I	Su	mmary				an ta bar gan a ta b			n na sta	· · · · · · · · · · · · · · · · · · ·	
	1	Briefly d	escribe the organiza	tion's mission or	most signific	ant activitie			of Dress f	or Succe	ess is to	
		promote	the economicc inde	pendence of dis	advantaged v	women by p	rovinding p	rofession	al			
e		attire, a	network of support a	ind the career de	evelopment to	ools to help	women thri	ve in wor	<u>k</u>			
Activities & Governance		and in li	fe.									
over	2	Check t	his box	organization dis	scontinued its	operations	or dispose	d of more	e than 25%	of its n	et assets.	40
ŭ	3	Number	of voting members	of the governing	body (Part V	I, line 1a)			• • • •	3		19
es	4	Number	of independent voti	ng members of t	he governing	body (Part '	VI, line 1b)		• • •	4		<u> </u>
iviti	5	Total nu	mber of individuals e	employed in cale	ndar year 20	12 (Part V, I	ine 2a)			5		5
Act	6	Total nu	mber of volunteers (estimate if neces	ssary)					6		0
	7a	Total un	related business rev	enue from Part	VIII, column (C), line 12.	• • • •	• • • •	• • •	7a 7b		<u>v</u>
	b	Net unre	elated business taxa	ble income from	Form 990-1,	line 34	<u> </u>	<u>· · · ·</u>	Prior Year	110	Current	Year
				a batta dan arang sa						33,595		428,423
ē	8	Contribu	utions and grants (Pa	art VIII, line 1h) .						50,000		0
Revenue	9	Program	n service revenue (P	art VIII, line Zg)						702		200
Rev	10	Investm	ent income (Part VII evenue (Part VIII, col	I, COIUMN (A), IIN		00	 .)		1	02,538		92,888
	11	Other re	enue (Part VIII, col enue-add lines 8 thr	umn (A), iines 5. ough 11 (must ea	, 80, 80, 90, 1 ual Part V/III .c	olumn (A) lir	ne 12)			66,835		521,511
	12	Create	and similar amounts	naid (Part IX co	lumn (A) line	es 1–3).				0		0
	14	Renefits	s paid to or for memb	ers (Part IX. col	umn (A), line	4)				0		0
	15	Salaries	, other compensation,	employee benefit	s (Part IX, col	umn (A), line	s 5–10)		1	00,042		110,615
Expenses	16a	Profess	ional fundraising fee	s (Part IX, colum	nn (A), line 11	e)				0		0
ben	b	Total fu	ndraising expenses	(Part IX, column	(D), line 25)	▶	14,96	<u>}4</u>			AND AND ADDRESS	047.500
Ä	17	Other e	vnenses (Part IX co	lumn (A), lines 1	1a-11d, 11f-	-24e)				60,837		217,500
	18	Total ex	openses. Add lines 1	3-17 (must equa	al Part IX, col	umn (A), lin	e 25)		the second se	60,879		328,115 193,396
	19	Revenu	ie less expenses. Su	btract line 18 fro	m line 12 .		• • • •		ning of Curre	05,956	End of	
Net Assets or	3	and the second of the		 A state of the stateof the state of the state of the state of the state of the stat				Beginr		26,390	2000	322,520
sets	20	Total as	ssets (Part X, line 16)	နောက်ခြင					3,625	······	4,359
et As	21	Total lia	abilities (Part X, line :	26)		· · · ·		·	1	22,765		318,161
			sets or fund balances	s. Subtract line 2		<u> </u>	<u></u>					
· · · ·	art II	en des en directo e	gnature Block ry, I declare that I have ex	mined this return in	cluding accompa	nving schedule:	s and stateme	nts, and to t	he best of my	knowledg	e	
Und	der penal	ties of perju	ry, I declare that I have ex rect, and complete. Declare	ation of preparer (othe	er than officer) is	based on all inf	ormation of wi	hich prepare	er has any kno		the second s	
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	gn		Signature of officer						Date	2		
He	ere		BettyJ	Fox								
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	11377 Karalago V	<u>Fir</u>	m's address 1008 V	EST BRUADW						e en anti-	П Ye	es 🗌 No
			iss this return with th				wj	· · ·		20 (1, V - 1, V		n 990 (2012)
Fo	r Pape	rwork Re	duction Act Notice, s	ee the separate	instructions.						1.00	

	Statement of	ccess Louisville, In Program Servic	e Accomplishments				
Penil	Check if Sched	dule O contains a	a response to any question	in this Part III			
Bi	-ist describe the organiz	ation's mission					
т	he mission of Dress for Si	uccess is to promot	te the economicc independence	e of disadvantaged	<u>na périnana a</u> t		
w	omen by provinding profe	ssional attire, a ne	twork of support and the caree	development	ana a a pata ta a ta t		
to	ols to help women thrive	in work and in life.					
			n 1994 - Angel Marine, and an	<u>xi in dha an m</u>	<u>akkakista a</u>	<u>terre de la com</u>	<u></u>
2 D	id the organization under	take any significant	t program services during the y	ear which were not list	ed on		Γv
th	ne prior Form 990 or 990-	EZ?				Yes	X
lf	"Yes " describe these ne	w services on Sche	edule O.				
3 D	id the organization cease	e conducting, or ma	ke significant changes in how i	conducts, any program	n		X
S	ervices?		같은 것 같은 것은 것 같은 것 같이 가지 않는 것 같이 같은 것			Yes	
lf	"Yes," describe these ch	anges on Schedule	• O.		. 17 12 ม.ม.ศ. 414 (ค.ศ. 4	occured by	
4 D	escribe the organization'	s program service a	accomplishments for each of its	three largest program	services, as in	easured by	
e	xpenses. Section 501(c)(3) and 501(c)(4) or	ganizations are required to rep	ort the amount of gran	s and anocation	15 10 001613	,
tł	he total expenses, and re	venue, if any, for ea	ach program service reported.				
			407 457 look ding grants of	•¢ 8234)	(Revenue \$	13	3,51
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Part W Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other: than a private foundation)? // 'Yes,'' complete Schedule A. 1 X 2 X 2 X 2 X 3 Did the organization regards in direct or indirect political campaign activities on behalf of or in opposition to candidets for polico (Care) / Yes, 'complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization angage in bobying activities on that a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership duas, assessments, or allot a complete Schedule C, Part II. 4 X 5 Ib the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts II. 8 X 7 Vid the organization maintain collectors of works of arth, historical ressures, or other similar assets? If "Yes," complete Schedule D, Part I. 8 X 9 Did the organization regord an amount IN Part X, line 21 for scrow or custodal account liability, serve as a custodari for amount not lated organization. hold assets in temporarily restriced endowments, or quasi-andownents? If "Yes," complete Schedule D, Part V. 8 X 9 Did the organiza	Form 9	90 (2012) Dress For Success Louisville, Inc.	61-13835	68	Pag	le J
complete Schedule A. 2 18 the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public officer. If Yres, "complete Schedule C, Part I. 3 X Section S01(c)(3) organizations. DId the organization engage in obleying activities, or have a section S01(n) section is section S01(c)(4). S01(c)(5), or S01(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If Yes, "complete Schedule C, Part I. 4 X 19 bit the organization a section S01(c)(4). S01(c)(5), or S01(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If Yes," complete Schedule C, Part II. 5 5 5 5 5 10 bit the organization reports on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part I. 6 X 7 X 10 bit the organization reports on the distribution crimvestment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II. 8 X 7 X 10 bit the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a cuistodian for amount in Part X, line 21, for escrow or custodial account liability, serve as a cuistodian for amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of the schedule D, Part V. 10 X 10 bit the organization repor					Yes	No
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2 Is the organization required to complete Schedule G, Schedule G, Part II. 3 X 3 In the organization required to complete Schedule G, Part II. 3 X 4 Section 501(G)(3) organization and page in lobby ing activities on hear of or in opposition to encode the during the jax year? If "Yes," complete Schedule C, Part II. 3 X 5 Is the organization and the organization regrege in lobby ing activities of the organization and page in lobby ing activities of the organization regrege in lobby ing activities of the organization regrege in lobby ing activities of the organization regrege in lobby ing activities of the organization and the activities of organization that receives membership dues, assessments, or similar and the organization regrese of the distribution of meestment of amounts in such funds or accounts for which denors the environment, historic all reaser, or orbide call account liability, serve as a catiod for an one of the distribution of meestment of amounts in such funds or accounts in the assessment, including assements to preserve open space, the environment, historic all reasers, or orbide call account liability, serve as a catiodian environment, historic all reasers, or orbide call account liability, serve as a catiodian environment, historic allest in Part X, line 21, for escrow or custodial account liability, serve as a custodian environment, serve of any of the following guestions in "Yes," complete Schedule D, Part V. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of a lastest report of any thesintetemproprime releted Part X, line 12 that is 5% or						
3 Did the organization engage in direct politocal campaign activities of hole and to in representations for the structure of the	-	the superination required to complete Schedule B. Schedule of Contributors (see Instructions)?			<u>^</u> +	
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 7 Did the organization receive or hold a conservation easement, including easements to please place, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 9 Did the organization optimate Schedule D, Part IV. 10 Did the organization services? If "Yes," complete Schedule D, Part V. 11 Did the organization services? If "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for investments—other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI. 13 Did the organization report an amount for investments—other securities 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. 14 Did the organization report an amount for other liabilities in Part X, line 12? If "Yes," complete Schedule D, Part VII. 14 Did the organization report an amount for other sasets 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. 14 Did the organization report an amount for other liabilities in Part X, line 257 H" Yes," complete Schedule D, Part X. 14 Did the organization report an amount for other assets in Part X, line 257 H" Yes," complete Schedule D, Part X. 11 Did the organization report an amount for three transmost port han and the organization schedule D. Part X. 12 Did the organization report an amount for other liabilities in Part X, line 257 H" Yes," complete Schedule D, Part X. 12 Did the organization report an amount for three transmost port han statements for the tax year? If "Yes," c	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		6		<u>x</u>
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9 Did the organization report an amount in Part X, line 21, for escrow of Custodial account, and the organization to listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Permanent endowments, PI "Yes," complete Schedule D, Part V. 10 X 12 Did the organization report an amount for lawstments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 10 X 13 Did the organization report an amount for three steps in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11d X 14 X Intel Steps in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11d X 14 X Intel 16? If "Yes," complete Schedule D, Part VII. 11d X 15 Did the organization report an amount for thre tabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11d X 16 the organization report an amount for other tabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11d X	8	Did the organization maintain collections of works of art, historical treasures, of other similar assess in roo,		8		<u>x</u>
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a Did the organization report an amount for land, buildings, and equipment in Part X, line 10 // / res, complete 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 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 assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII. 11c X d Did the organization report an amount for investments—program related in Part X, line 15 that is 5% or more of its total assets 11d X e Did the organization report an amount for other assets in Part X, line 257 // "Yes," complete Schedule D, Part X. 11e X e Did the organization siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 11e X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 11d 13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E. 11a 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to a		If the organization's answer to any of the following questions is "Yes," then complete schedule D, Yers of				
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 Did the organization report an amount for other liabilities in ParX, life 23/ If 'Yes,' complete Schedule D, Part X. f) Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,'' complete Schedule D, Part X. 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X. b) Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X. b) Was the organization answered 'No'' to line 12e, then completing Schedule D, Parts XI and XII is optional. c) Is the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,'' complete Schedule E. c) Id the organization naintain an office, employees, or agents on the united States? c) Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or assistance to individuals located outside the United States? If 'Yes,'' complete Schedule F, Parts II and IV. c) Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,'' complete Schedule F, Parts II and IV. d) Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 6 and 11e? If 'Yes,'' complete Schedule G, Part I (see instructions). d) Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 48 (for Part III. d) Did the organization report more than \$15,000 of gross inco		Did the organization report an amount for other assets in Part X, line 15 that is 5% of more of the state				X X
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 Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Is the organization maintain an office, employees, or agents outside of the United States?. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. Did the organization report at 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). Bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. Did	40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If res, complete obligation by a second by a			1	x
 and if the organization answered "No" to line 122, then objecting objects complete Schedule E. 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? . 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gangeate grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 16 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 	120	Schedule D, Parts XI and XII.	"Yes,"		T	†^
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		If "Yes," complete Schedule G, Part III .		20	а])
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Form 990 (201

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Yea Vea 21 Did the organization report more than \$5.000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 // Yes," complete Schedule I, Part I and II. 21 22 Did the organization report more than \$5.000 of grants and other assistance to land/dulas in the United States on Part IX, column (A). line 21 // Yes," complete Schedule I, Parts I and III. 22 23 Did the organization answer Yes" to Part VII. Section A, line 3, 4, or 5 hootic compensation of the organization's current and former officers, directes, trustees, key employees, and highest Compensated employees? If Yes," complete Schedule I/ WN.º go to line 25. 24 24 Did the organization have at a exempt bonds beyond a temporary period exception? 24 25 Section 50((3) and 501((4) organizations. Did the organization engle in a maintain an escore word accurito the ana couses benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a neckess benefit transaction with a disqualified person in a prior year, and that the transaction with a neckess benefit transaction with a disqualified person in a prior year, and that the transaction with a neckess benefit transaction with a disqualified person in a prior year, and that the transaction with a net organization starge of res, "complete Schedule L, Part II. 25a 25 Section 500 (2) and 501 (2) (4) organizations. Did the organization engle in an excess benefit transaction with a disqual		(2012) Diess i di duccess Edalsvine, inc.	138356	n Service de la composition	Page 4
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990-E27 If "Yes," complete Schedule L, Part I. 230 28 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disquilified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive contributions? If "Yes," complete Schedule L, Part IV. 28c 30 Did the organization receive contributions? If "Yes," complete Schedule L, Part IV. 29 X 31 Did the organization sell, exchange, dispose of, or transfer more than 225% of its net assets? 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 33 32 If "Yes," complete Schedule R, Part I. 34 33 Did the organization selated to any tax-exempt or taxable entity? If "Yes," c	bl	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		ſ	
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 conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O for Part VI, lines 11b and did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and did the organization complete Schedule O complete Schedule Q. 	29	Did the organization receive more than \$25,000 in non-cash contributions in Tres, complete concare in the		·	
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too Nets All Form 000 filors are required to complete Schedule O.	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		20	
		19? Note. All Form 990 filers are required to complete Schedule O	••••• 1. 3,89	the second second	X 990 (
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Form 0	90 (2012) Dress For Success Louisville, Inc.	61-1383568	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response to any question in this Part V.		. <u>X</u>
			Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		
	gaming (gambling) winnings to prize winners?	1 c	<u>X</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return	5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
~	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	<u> </u>
b	If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<u>3b</u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	<u>4a</u>	<u> </u>
b	If "Yes," enter the name of the foreign country:		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	
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?	<u>6a</u>	-+
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	
	gifts were not tax deductible?	00	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	X
	and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	x
	required to file Form 8282?		
d			X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		
g	If the organization received a contribution of qualified intellectual property, did the organization into room of the a Form 100 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 100	98-C?. 7h	
n	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	Did the organization make any taxable distributions under section 4966?	9a	<u>X</u>
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	111a		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.).		x
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417.	<u>12a</u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) gualified nonprofit health insurance issuers.	1 3a	x
а	Is the organization licensed to issue qualified health plans in more than one state?	· · · · 13a	$+ + ^{\circ}$
	Note. See the instructions for additional information the organization must report on Schedule O.		
b			
	the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves of manu.	14a	x
14a			
b	If "Yes "has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<u></u>	محمد الصحيحية

Part	O (2012) Dress For Success Louisville, Inc. O (2012) VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response to any question in this Part VI.	e insir	ucti
Secti	on A. Governing Body and Management	<u></u>	
	Enter the number of voting members of the governing body at the end of the tax year 1a 19	erateraar at	Yes
1a	Effel the number of vound members of the governing body at the one of the tart year		
	If there are material differences in voting rights among members of the governing body, or	1	
	if the governing body delegated broad authority to an executive committee or similar		
	committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		
	any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
Ğ	Did the organization have members or stockholders?	6	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		
7a	one or more members of the governing body?	7a	
· ;	Are any governance decisions of the organization reserved to (or subject to approval by) members,		
b	stockholders, or persons other than the governing body?	7b	
	Did the organization contemporaneously document the meetings held or written actions undertaken during		
8			
	the year by the following: The governing body?	8a	Χ
a	Each committee with authority to act on behalf of the governing body?	8b	X
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1 - 10 C.S.	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	
<u></u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue) :
Seci	tion B. Policies (This Section B requests information about policies not required by the internet		Yes
-	Did the organization have local chapters, branches, or affiliates?	10a	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Í .
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	
	Has the organization provided a complete copy of this form soo to an members of the governing soal assessment g		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	12a	X
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ega ve	
C	describe in Schedule O how this was done	12c	
	Did the organization have a written whistleblower policy?	13	
13	Did the organization have a written whistlebiower policy?	14	1
14	Did the organization have a written document retention and destruction policy?		
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?	15a	X
а	The organization's CEO, Executive Director, or top management official.	15b	_
b	Other officers or key employees of the organization .		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	
	with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	16t	
	the organization's exempt status with respect to such arrangements?		<u>//</u>
Sec	ction C. Disclosure	<u>i Anna A</u>	<u>elses</u> La
17	List the states with which a copy of this Form 990 is required to be filed N/A List the states with which a copy of this Form 990 is required to be filed	(3)s or	ilv)
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)	0,5 0.	"' <i>) </i>
	available for public inspection. Indicate how you made these available. Check all that apply.	ayit in the M	
	Own website Another's website X Upon request Other (explain in Schedule C	Z.:	
19	Describe in 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, physical address, and telephone number of the person who possesses the books and records of the	050	
20		ບວບ	
20	organization: DRESS FOR SUCCESS LOUISVILLE 502-584-8 309 GUTHRIE STREET, LOUISVILLE, KY 40202		

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Form 990 (2012)	Dress For Success Louisville, Inc.	61-1383568	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title		(B) Average hours per	box, office	ot ch unles er and	s per	tion more rson irecto	than o is both pr/truste	an e)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lisa Lewellen		3.00									
(1) Lisa Lewellen Chair of the Board					Х				0	0	0
(2) Colleen Beach		3.00									
Secretary					X				0	0	0
(3) Susan Rose		2.00									
Treasurer					X	<u> </u>			0	0	0
(4) Betty Fox		40.00									3,000
Executive Director							X		52,884	0	3,000
(5) Katherine Bell		0.50								0	С
Board Member							ļ	<u> </u>	C	<u> </u>	<u> </u>
(6) Kim Blanding		0.50	2					1			l c
Board Member			<u> </u>				ļ	+	ļ (ý ý	
(7) Sharon Bond		0.50	<u>)</u>								(c
Board Member			<u> </u>	4	_		4	╇	<u> </u>	<u></u>	
(8) Beth Dlutowski		0.50	2]								
Board Member			<u></u>	-	+	-		4		<u></u>	1
(9) Mary-Gwynne Dougherty, Board Member	SPHR	0.50	<u>p</u>)(
(10) Jeanne Marie Freibert		1.0	<u>o</u>								
Board Member				_	4					0 (<u>'</u>
(11) Chris Fulkerson		1.0	0) i
Board Member						+				<u> </u>	4
(12) Karen Hall Board Member		0.5	0							0	<u>p</u>
(13) Dana J. Johnson		0.5	0		1					0	D
Board Member		0.5		+	 -	+-		+			
(14) Katherine McKune Board Member		0.5	2							0	D Form 990 (201)

Par	(A) (A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than or s both /truste	ne an e)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	compensatio
	Tammy Motley	0.50							0		0
(16)	l Member Pamela Ross	0.50							0		0
(17)	I Member Juanita Sands	0.50							0		0
	i Member Pam Sheehan	1.00	<u>State</u>	633.05 	<u></u>			<u>.</u>			0
	d Member Eva Smith	0.50		NUS NUS	55 137	27. 29					n te salt Transf
	d Member	lander en	-	<u> </u>			3 3	ļ	<u>leite de l'Al</u> C		0
					1995 1987 1					<u> </u>	
									:	<u></u>	
(22)			- 		<u> </u>	-					
(23)		<u> </u>	-				<u> </u>			engen of Geffigenen T	
(24)		<u>en an an an Andrea</u> <u>a</u> r Na an An Andrea An Anna an An	- (1) - (1) - (1) - (1) - (1)			-		<u> </u>	in an	e ostato de transiente presión e alternation	
(25)			-						ED 99	4	0
1b c	Sub-total . Total from continuation sheets to Part VI	I, Section A		•	•••	•••	•••			0	0
 2	Total (add lines 1b and 1c)	ot limited to those I	listed	abo	ve) 0	who	o rece	eive			Yes
3	Did the organization list any former officer, employee on line 1a? <i>If "Yes," complete So</i>	chedule J for such i	indivi	dual	• •	•	• •	÷ •			3
4	For any individual listed on line 1a, is the s the organization and related organizations individual	greater than \$150,	000?	ויי זו י	res,	- CO	mpie	.e 3			4
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue compensat If "Yes," complete	tion fr <u>Sche</u>	om dule	any J fo	unro or st	elate <i>ich p</i>	d or erse	ganization or in on .	dividual	. 5
Sec 1	ction B. Independent Contractors		nder	t co	ntra	otor	s tha	t re	ceived more that	n \$100,000 of	ole toy
	Complete this table for your five nignest co compensation from the organization. Report year.	ort compensation fo	or the	cale	enda	ar ye	er er	ndin			
	(A) Name and busines	ss address	1 <u>. N</u> .Cr		····· · · · ·	۲۵ ۱			(B) Description of	services	(C) Compensati
						<u></u>					
- <u></u> 					5000) Steph				andra an Nacional de la calega andra	e aventari vi ve travelo alterna 🕅	<u>n († 18. a. s.).</u> Standerske sta
	Total number of independent contractors (including but not li	mited	to t	hos	e lie	ted a	bov	e) who received		
2	Total number of independent contractors (more than \$100,000 of compensation from	Including but not in	meu		. 103	5 113		0	-,		

Form 99	AND DESCRIPTION OF	2) Dress For Success Louisville, In Statement of Revenue	nc.		e al single and all defined as the state of the		61-1383	568 Page
lieu	VIII	Check if Schedule O contains a re	sponse to any	question in this		· · · · · · · · · · · ·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under section 512, 513, or 514
8 B		Federated campaigns	. <u> 1a</u>	1,402				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b 1c	8,437				
An A	с d	Fundraising events		0,40/				
nilai nilai		Government grants (contributions)		0				
tion:	f	All other contributions, gifts, grants, a	nd					
utio Othe		similar amounts not included above .	. [<u>1</u> f]	418,584				
Cont	g	Noncash contributions included in lines		241,831	428.423		4 M	
	<u>h</u>	Total. Add lines 1a-1f		Business Code	420,423			
anue	2a		F					
Reve	b							
ice	C					a a su a		
Ser	d				and all the tell the faile	1.11.11.11.11.11.11.11.11.11.11.11.11.1		
ram	e	All other program service revenue .		·····	0			
Program Service Revenue	I a	Total. Add lines 2a–2f			0			
	3	Investment income (including dividen	ds, interest, a	ind	1			
		other similar amounts)	· • • •		200			
	4	Income from investment of tax-exemption	ot bond proce	eds 🕨	0	and the second	· · · · · · · · · · · · · · · · · · ·	
	5	Royalties	(i) Real	(ii) Personal	0			
	6a	Gross rents	() / sour		and the second			
	b	Less: rental expenses	and the second					
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gloss amount norm sales of	i) Securities	(ii) Other				
	Ь Б	assets other than inventory Less: cost or other basis	0					
	b	and sales expenses	0	0		and and a set of the s		
1	c	Gain or (loss)	0	0				
	d	Net gain or (loss)	· · · · · ·	Þ	0			
nue	8a	Gross income from fundraising events (not including \$	0					
eve		of contributions reported on line 1c).						
r R		See Part IV. line 18	a	113,408				
Other Revenue	b	Less: direct expenses	, pl	20,520	92,888			
U	C	Net income or (loss) from fundraising	g events		92,000			
	9a	Gross income from gaming activities See Part IV, line 19.		0				
	b	Less: direct expenses		0				
	c c	Net income or (loss) from gaming ac	tivities .	· · · · · · · · · · · · · · · · · · ·	0			
		Gross sales of inventory, less						
		returns and allowances		0				
	b	Less: cost of goods sold	이 지수는 것 같아. 이 가지 않는 것		0	, i		
	C	Miscellaneous Revenue	IVCINOIY	Business Code				
	11a			in a star and a star and a star a Na star a star	0		lah Madagi Kari	
	b				0	NEW CONTRACTOR AND ADDRESS	n an	
	c				0		and the states	-3
	d	All other revenue		L	0			
	12 e	Total revenue. See instructions.			521,511	wheeler and the second second		0

ction 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response to any o	question in this Part D	X		
	(A)	(B)	(C)	(D) Fundraising
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
Grants and other assistance to governments and				
organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the				
United States. See Part IV, line 22	0	ang kapin Ng Keng		
B Grants and other assistance to governments,		a kapa		
organizations, and individuals outside the	0			
United States. See Part IV, lines 15 and 16	0			
 Benefits paid to or for members Compensation of current officers, directors, 				
5 Compensation of current officers, directors, trustees, and key employees.	52,885	39,663	10,577	2,64
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	44,139	33,104	8,828	2,20
7 Other salaries and wages	and the second second	na na sana kata kata kata kata kata kata kata k	an an an Anna a Anna an Anna an A	<u>an an a</u>
8 Pension plan accruals and contributions (include			an an Araba an Araba. An Araba an Araba an Araba	
section 401(k) and 403(b) employer contributions)	0	3,859	772	51
9 Other employee benefits	5,145 8,446	6,334		84
0 Payroll taxes	0,440	0,001		
1 Fees for services (non-employees):	0			n i frañ Maria
a Management	0	an an tha an	a and a star and a star and a star	-
	1,800	1,350	270	11
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			anan in the second
f Investment management fees	0		and the second second second second	
g Other. (If line 11g amount exceeds 10% of line 25, column			4 074	9
(A) amount, list line 11g expenses on Schedule O.)	9,142	6,857		3
2 Advertising and promotion	125			1,2
13 Office expenses	<u>12,983</u> 4,481	and the second		.,-
14 Information technology	4,481	line in the second s		Nata a state
15 Royalties	19,600	La company and an an an and a second se	2,940	1,9
16 Occupancy . <th< td=""><td>0</td><td></td><td></td><td></td></th<>	0			
17 Travel				
for any federal, state, or local public officials	0	and the second		
19 Conferences, conventions, and meetings	3,789	2,842	2 568	<u> </u>
20 Interest	. <u>Constant and the Constant Constant</u>			
21 Payments to affiliates	0.045	and the second	2,204	<u>na na n</u>
22 Depreciation, depletion, and amortization	8,815	and the second	1	<u>er en de la constante de la cons</u>
23 Insurance		1,70		
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	127,15	7 127,15	7	March Anna Arth
a PROGRAM GOING PLACES b PROGRAM SERVICES PWG	7.71		5 CAR STRUCTURE	in the second
c MISCELLANEOUS - FUND RAISER	2,45		Maria and a second second second	2,
d PROGRAM SERVICES - SPECIAL EVENTS	16,54			<u>na da Sir Norte</u> Rece
e All other expenses REPAIR AND MAINT			the second s	14,
25 Total functional expenses. Add lines 1 through 24e .	328,11	5 281,37	<u>o</u> 	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check here I if				
following SOP 98-2 (ASC 958-720)		a di kana kana kana	an a shirt af a state and shirt a state of a	Form 990 (

		Dress For Success Louisville, Inc.		100 - 100 - 1	61-1383568 Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X	• • • • • • • • • • • • •	• •	
			(A) Beginning of year		(B) End of year
1	1	Cash—non-interest-bearing	118,604	1	195,378
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
1	4	Accounts receivable, net	6,527	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	750	5	
sts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net	0	7	0
A	8	Inventories for sale or use		8	46,823
	9	Prepaid expenses and deferred charges	509	9	
	10a	Land, buildings, and equipment: cost or			
		other basis, Complete Part VI of Schedule D 10a 89,63		100	80,319
	b		2,000	 Alternation 	00,010
	11	Investments—publicly traded securities			0
	12	Investments—program-related. See Part IV, line 11.	· · · ·		0
	13		0		0
1	14	Intangible assets			0
	15 16	Total assets. Add lines 1 through 15 (must equal line 34)		16	322,520
	10	Accounts payable and accrued expenses			4,359
	18	Grants payable and decided expenses		18	
	19	Grants payable		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	•	21	
ŝ	22	Loans and other payables to current and former officers, directors,			
litie	\overline{G}_{i}^{i} , λ	trustees, key employees, highest compensated employees, and			
Liabilities		disgualified persons. Complete Part II of Schedule L.		22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	•	1	0
	24	Unsecured notes and loans payable to unrelated third parties	·	24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete		25	0
		Part X of Schedule D			4,359
	26	Total liabilities. Add lines 17 through 25			
ces		Organizations that follow SFAS 117 (ASC 958), check here > an complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets.	•	27	
Ba	28	Temporarily restricted net assets	•	29	
pu	29	Permanently restricted net assets			
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here an complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31 5 32	
et	32	Retained earnings, endowment, accumulated income, or other funds	124,76	and a sub-	
ž	33	Total net assets or fund balances		2445 C	
	34	Total liabilities and net assets/fund balances	CANCEL CONTRACTOR		Form 990 (2012

Page 11

61-1383568

A CHICK SHOW AND A CHIC	(2012) Dress For Success Louisville, Inc.			N. 1999	
en E	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Fotal revenue (must equal Part VIII, column (A), line 12)	1			521,511
1 - ¹⁴	Total expenses (must equal Part IX, column (A), line 25).	2		and the second se	328,115
	Pevenue less expenses. Subtract line 2 from line 1.	3		Sector Se	193,396
Í	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u></u>	<u></u>	124,76
5	Net uprealized gains (losses) on investments	5			
8	Donated services and use of facilities	6			<u></u>
7	Investment expenses	7			
		8			a di s
14.	Other changes in net assets or fund balances (explain in Schedule O).	9	<u></u>	<u></u>	1999
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		<u></u>	318,16
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 on a separate basis, consolidated basis, or both:		•	2a	<u>,</u>
2a	Accounting method used to prepare the rorm osc obtain the method used to prepare the rorm osc obtain the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
2a	Accounting method used to prepare the rorm osc obtain		• •	2a 2b	× ×
2a	Accounting method used to prepare the rorm osc obtrine count is the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 on a 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?		•		
2a	Accounting method used to prepare the rorm osc obtain is the reganization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 on a 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?		• •	<u>2b</u>	
2a b	Accounting method used to prepare the rorm osc obtain is the method of accounting from a prior year or checked "Other," explain in Schedule O. 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 on a 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?				
2a b	Accounting method used to prepare the rorm osc obtain is the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 on a 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?			<u>2b</u>	

Form	4562

Depreciation and Amortization

OMB No. 1545-0172

2

2

(Including Information on Listed Property)

Department of the Treasury		2월 21일 전 12일 전원 12일 전원 12일 전 2월 21일 전 12일 전원 12일 전원 12일 전원 2월 21일 전 12일 전원 12일 전원 12일 전원	ttach to you	r tov raturn		Attachmer Sequence	
nternal Revenue Service (99)	See separate	instructions.			Identifying nur		
Name(s) shown on return	990	ss of activity to which this ion	1110:0100		61-1383568		
Dress For Success Louisville, Inc.		rty Under Section 179)				
Election To Expe	listed property, complet	e Part V before you complete	e Part I.				
4 Hereinen amount (and instruct	ione)			• • • • •	* * * * * *		500,000
a Table and of eaction 170 prope	ty placed in service (see instructions)				2	46,654
a Threshold cost of section 179	property hefore reduc	ion in limitation (see instru	CUONS) .			3	2,000,000
4 Deduction in limitation Subtrac	Hine 3 from line 2. If	zero or less, enter -u-				4	<u> </u>
5 Dollar limitation for tax year. Si	ubtract line 4 from line	1. If zero or less, enter -0	If married f	iling			500.000
separately, see instructions						5	500,000
6 (a) Description		(b) Cost	(business use o	only)	(c) Elected co	<u>55t</u>	
		Parente a substance a subst			Constant of the second		
				1 -	an go dhang garafa a c		
7 Listed property. Enter the amo	unt from line 29			· · · 7		8	
8 Total elected cost of section 1	79 property. Add amo	unts in column (c), lines b a	and /	•••••		9	
	a mallar of line 5 or 11					10	<u></u>
9 Tentative deduction. Enter the 10 Carryover of disallowed deduction	tion from line 13 of yo	ur 2011 Form 4562.	alle a series	o E (coo instri	ictions)	11	2 - 98 C C - 1
44 Duciness income limitation Fr	iter the smaller of DUS	ness income mouless ma	11 2610) 01 111			12	(<u>1997)</u>
12 Section 179 expense deduction	n. Add lines 9 and 10	, but do not enter more tria	nune II	▶ 13	<u>, , , , , , ,</u>		
12 Section 179 expense deducid 13 Carryover of disallowed deduc				and the second second second	and a track of the Addi	Services.	ya na na ku
Note: Do not use Part II or Part III Part II Special Deprecia	below for listed prope	A Other Depreciation	(Do not in	clude listed I	property.) (Se	e instruc	tions.)
Pari II Special Deprecia	tion Allowance an	(other than listed property	() placed in s	service			· · · · · · · · · · · · · · · · · · ·
14 Special depreciation allowanc	e for qualmed property	V (Utiler than insted property	,, bigger			14	
during the tax year (see instru						15	
15 Property subject to section 16						16	
16 Other depreciation (including	ACRS).	de listed property.) (See	e instructio	ns.)			
Part III MACRS Deprecia	ation (Do not moto	Section A	<u>del angeler i s</u>				
17 MACRS deductions for assets 18 If you are electing to group ar general asset accounts, chec Section B - A	iy assets placed in sei k here	Vice during the tax year in /ice During 2012 Tax Yea (c) Basis for depreciation	r Using the		eciation Syste] m	
(a) Classification of property	year placed in service	(business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depre	ciation deduction
19 a 3-year property			an de la Angla. Angla de la Angla de la				
b 5-year property				HY	200DB	- NK	6,6
c 7-year property		46,654	7		1 20000	5798 · · · · ·	
d 10-year property		40.490	15	HY	S/L		1,3
e 15-year property		40,480	10 10	+			
f 20-year property			25 yrs.	is water and the	S/L	11 (1	
g 25-year property			27.5 yrs.	MM	S/L	N N 1997	
h Residential rental			27.5 yrs.	MM	S/L	17.2	
property			39 yrs.	MM	S/L	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
i Nonresidential real			a nasa (SBaar)	MM	S/L		
property	Land in Conv	ice During 2012 Tax Year	Using the A	Iternative De	preciation Sys	tem	
	ssets Placed III Serv		1 Contractor		S/L		
20 a Class life			12 yrs.		S/L		a di tanan di tanan di sa
b 12-year			40 yrs.	MM	S/L		
c 40-year	instructions)				· · · · ·		
Part IV Summary (See 21 Listed property. Enter amou	int from line 28	and and a cash an addition of			en en en en en entre entre de la serie En la serie de	21	
는 다 나는 사회에서 해외했다. 이상에서 제한 것은 사람들은 것을 알았는 것을 하는 것이다. 이번 이가 가지 않는 것이다. 이번 이가 가지 않는 것이다. 이번 이가 가지 않는 것이다. 이번 이가 가지	a 19 lines 1/ through	17. lines 19 and 20 in colu	ımn (g), and	line 21.			
Enter here and on the annro	priate lines of your rel	um Partnerships and 5 d	poradons	see instructio	<u>ns</u>	. 22	8,8
23 For assets shown above and	d placed in service du	ring the current year, enter	the portion	2			
of the basis attributable to se	otice, see separate ins	tructions.		le serie della serie	<u>d a china an an an</u>	For	m 4562 (20

For Paperwork Reduction Act Notice, see separate instructions.

	only 24	โลวัย เราะชื่อไ	a Alfred an Asia 👘 🗍 a tao ang 🗸			iuaiu m	lieage ra	e or de	aucun	g lease i	expens	se, comp	Diete		
4a [a, 24D, Column	s (a) through (c)	of Sect	ion A, a	all of Se	ction B, a	nd Sec	tion C	if applic	able.	<u>تىلىكى يې ا</u>	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>
'4a	1	and the second	and Other Info		ie de 1999 - 🖀		and the second second								
	Do you have evidenc	e to support the b	usiness/investment	use clain	ned?	Yes	No			es," is th		<u>an an an tha tha tha tha tha tha tha tha tha tha</u>	anderen Maria (1993)	Yes	
	(a) ype of property ist vehicl es first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or oth		Basis for (busines)	(e) depreciation s/ investment e only)	Rec	(f) overy triod	(g) Metho Conver	od/	(h) Deprec deduc	iation	(i) Elected sec cos	
25	Special depreciat	on allowance f	or qualified liste	d prope	rty plac	ed in se	rvice dur	ing	er og still Se og sto						
TUNN -	the tax year and u	ised more than	1 50% in a qualif	ied busi	ness us	se (see	instructio	<u>ns) . </u>	•••	<u></u>	25	<u>e Solo e Colo</u> La colo	<u></u>	Na second	
	Property used mo				e:	<u>da Abdora (s. 6.</u> Barta	2,50		5	200DB	- HY		800	an yan dalar Managarta	:
ompu	<u>ter</u>	6/1/2011	100.00%		2,500		<u>ک, ا</u> ر		<u> </u>	20000				ann <u>a an an</u> Stàiteann	
			alagan an teoremany. Mana na sanatra t		88.88 <u>.</u> 97		nates san. Sates de la		an site					An Lucia	\
07	Property used 50	% or less in a (ualified busines	is use:	en Sàise					n an the state of the	naratra.	na tanan ara	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		<u></u>
27	Property used 30		uaimed busined %	<u>5 45e.</u>		ninini in the state In the state in the			an a	S/L -	a Barana	ndan da	5.134 s		
<u> </u>			%			1999 - 1999 1999 - 1999	en eget side			S/L -	0.8.0M				
			%		a gin	an Casa	An an de Ma			S/L -		t De Danis de P	Maria di Sana di S Sana di Sana di S		
28	Add amounts in c	olumn (h), line	s 25 through 27	. Enter h	nere an	d on line	e 21, pag	e 1 🛛 .		행전	28	<u>inan inan</u>	800		
29	Add amounts in c	olumn (i), line	26. Enter here a	ind on li	ne 7, p	age 1 .					<u>.</u>	No. Walter	29		
的现在分			Sec	tion B—	-Inform	nation o	n Use of	Vehicl	les						
ompl	ete this section for	vehicles used by	a sole proprietor	, partner,	, or othe	er "more l	han 5% o	wner," o	or relate	d persor	i. If you	provideo	t vehicle	es to	
ourei	mployees, first ans	ver the question	s in Section C to a	see if you	u meet a	ап ехсер	tion to cor	npleting	this se	ction for	those v	ehicles.			<u></u>
				[4] A.	a)	(b)	(0	*)	(d)	(6	Print 1	(f Vehic	332 - C
30	0 Total business/investment miles driven during		Vehi	cle 1	Veh	icle 2	Vehi	cle 3	Vehi	cle 4	Vehi	cie 5	Venic	Je o	
	the year (do not ir					<u></u>			<u>.</u>					din indexed.	
	Total commuting n			an a		ALL DUCK									
	Total other person					NALL.									
	miles driven						3 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -					1985 AS		d palaca a	11 June 1997
33	Total miles driven	during the year.													
	Add lines 30 throu	gh 32			i Laisene	s nativity	<u>ténaha da s</u>		<u>inin an</u>					No.	
34	Was the vehicle a	vailable for perso	onal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
	during off-duty ho	urs?								and the second	ta ser a la ser a la Ser a la ser				
35	Was the vehicle u														
	5% owner or relat				<u>ister</u>	aliter en								1	<u> </u>
36	Is another vehicle	available for pe	rsonal use? .				Nivia.	<u>.</u>		hy Thoi	L - Empl			<u> </u>	L
		Section C-	-Questions for	Employ	yers W	ho Prov	ide Veni	cies to	rUse	by Inel	r empi	ovees	ho		
Answ	er these question	s to determine	if you meet an e	exceptio	n to co	mpleting	g Section	B tor v	enicies	s useu p	y empi	Uyees w	110		
are n	ot more than 5%	owners or rela	ted persons (see	e instruc	ctions).		<u>a da da da da</u>	de la constancia de la			<u>d Alfred</u> Fri	<u>an an a</u>		Yes	N
37	Do you maintain a	a written policy s	tatement that prol	hibits all	persona	al use of v	/ehicles, I	nciuaing) comm	uting,				103	1
	by your employee	ie?	이 물건을 가야 하는 것이 많이 많이 했다.	Ne devloater			San 🖬 🖬 🖗		• • •	• • •	omploy				+
38	Do you maintain a	a written policy s	tatement that pro	hibits per	rsonal u	se of ver	nicles, exc	ept com	imuung	, by your	empio				
	See the instructio	ns for vehicles u	ised by corporate	officers,	director	rs, or 1%	or more c	whers							1
39	Do you treat all u	se of vehicles by	v employees as pe	ersonal u	ise? .		- 6-0-0-0	ur omnl		bout		•••			1
40	Do you provide n	ore than five ve	hicles to your emp	oloyees,	obtain II	nformatic	in from yo	ur empi	Uyees a	bout					
	the use of the vel	nicles, and retair	the information r	eceived	? 	 Southing		 Sao incti	nuction	· · ·	•				
41	Do you meet the	requirements co	ncerning qualified	l automo	blie den	nonstrati	tion B for	the cov	ered ve	hicles.					
	Note: If your ans		9, 40, or 41 is Ye	es, uo m							<u></u>				
Pari	AMO Amo	rtization		<u> </u>				<u>e estatos y elec</u> Martín e e		(d)	T	(e)			(f)
		(a)			(b)	ilen 🗄	(c) Amortizable	amount	Coc	e section		Amortizat period c	ion	Amortizatio	on for th
	De	scription of costs		Date	amortiza begins		Alloiuzable	amount				percenta			N ^a
<u></u>				2012 10	Sector Sector	eoo inst	ructions)	<u>i sen a an</u> Masarah							
	Amortization of	costs that beg	ins during your a				<u>ucuone</u>	<u>, an san an san san</u> Na Silana Na Silana Silana			0.05	3.3.7.83			1
				<u>n Natar</u> Natara	jan estates VCC anteses	n yang pasa Kangaran Kas	a <u>n sent piñs</u> Sentene Al	<u>nasaran (</u> 1997) (na	tere initiality and the second					u National	1
			an before your 2	2012 +01	Veor	<u>esta 198</u> est 1988	<u>an airte Chille</u> Maistean Ch	<u>ana ang saka</u> Tang saka saka	<u>na sea∎.</u> Si≙rye		<u></u>		43		
<u> </u>	Amortization of	costs that beg	an perore your 2	UIZ Tax	year	· · · · ·					1111	그는 문문을 받	in the second		
43 44	- ^ 그 그는 것 같은 것 같은 것 같은 것 같아.	(1991) Production (1991) States		، المحر و مراج	for	noro to -	anort			aligi Alia a			44		933

SCH	EDU	LE A	
(Form	990	or 99(D-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury		 Contract and the second se	ionexempt ch		trust. separate i	netructio	ne	C	pen to Public
nternal Revenue Service	► Atta	ch to Form 990 or For	m 990-EZ.	► 3ee	separate I	IISUUCIO	Employer id	dentificatio	
Name of the organization							Cubiolou	61-138	
Dress For Success Louis	ville, Inc.	rity Status (All org	anizations	must co	mnlete t	his nart) See ins		and the first state of the
Part I Reason for The organization is not a	or Public Cha	n because it is: (For	lines 1 throug	nh 11. cl	neck only	one box.))	a ang sang sang sang sang sang sang sang	
1 A church, conv	vention of church	nes, or association of	churches des	scribed i	n section	170(b)(1)(A)(i).		
		170(b)(1)(A)(ii). (Atta							
2 A school desci	cooperative bo	spital service organiza	tion describe	ed in sec	tion 170(b)(1)(A)(iii).		
3 A hospital or a	cooperative no:	on operated in conjune	ction with a h	ospital o	lescribed	in sectio	n 170(b)(1)(A)(iii).	Enter the
	e, city, and state							**********	
5 An organizatio	n operated for the	ne benefit of a college complete Part II.)	or university	owned	or operate	ed by a g	overnment	tal unit de	escribed
6 A federal, state	e, or local gover	nment or government	al unit descril	bed in s	ection 17	0(b)(1)(A)(v).		
7 X An organizatio	on that normally	receives a substantial)(A)(vi). (Complete Pa	part of its su	pport fro	om a gove	ernmental	unit or fro	m the ge	neral public
	rust described i	n section 170(b)(1)(A)(vi). (Compl	ete Part	II.)				
9 An organization receipts from a support from g acquired by th	on that normally activities related pross investmen le organization a	receives: (1) more tha to its exempt function t income and unrelate after June 30, 1975. So	in 33 1/3% of is—subject to d business ta ee section 5	f its supp certain axable ir 09(a)(2)	oort from o exception come (les . (Comple	te Part III	511 tax) 1	ulan JJ	1370 01 10
10 🔲 An organizatio	on organized and	d operated exclusively	to test for pu	ublic saf	ety. See s	section 5	09(a)(4).		
purposes of o 509(a)(3). Che	ne or more publ eck the box that	d operated exclusively icly supported organiz describes the type of	supporting of	ibed in s rganizat	ion and co	omplete li	nes 11e th	nrough 11	
a 🔄 Type I	b 📋 Ty	pen c j type	s net control	lad direc	tly or indi	rectly by (one or mol	re disaua	lified
persons other 509(a)(1) or s	than foundatior ection 509(a)(2)	that the organization in managers and other	than one or i	more pu	Dirciy supj	poneu ori	yanization	3 0030110	
f If the organiza	ation received a	written determination						supporti	ng •••••
g Since August	17, 2006, has ti	ne organization accep	ted any gift o	r contrib	oution fron	n any of t	ne		
following pers	one?							(ii) (iii)	Yes No
(i) A perso	on who directly o	or indirectly controls, e erning body of the sup	ported organ	nization			• • • • • • •		11g(i)
	y member of a t	person described in (i)	above?.			• • • •			11g(ii)
(III) A 35%	controlled entity	of a person describe	d in (i) or (ii) :	above?		• • • •			11g(iii)
h Provide the fo	ollowing informa	tion about the support	ed organizat	ion(s).	a a la	an a			L (1) A mount of monotopy
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the orga in col. (i) listed governing doo	anization d in your	(v) Did yo the organ col. (i) supp	ization in of your		ion in col. zed in the	(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	<u> </u>
(A)					an and right				
(B)									
(C)						1 (S.			
(D)					ana ang				
(E)		and the second							

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0

OMB No. 1545-0047

2012

Total

chedule	A (Form 990 or 990-EZ) 2012 Dress For Succe	ss Louisville, Ir	IC.		a sa	61-1383568	Page 2
Part I		ons Describ box on line 5	ed in Section 7. or 8 of Pa	irt I or if the o	rganization la	neu to quanty	under
Sectio	n A. Public Support			<u> de la de la deserverte de la de</u>	<u>Real Production of the second s</u>	<u>an an New Period</u>	16 T-1-1
alend	ar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 (Sifts, grants, contributions, and nembership fees received. (Do not						040 404
	nclude any "unusual grants.")	191,318	141,592	185,219	228,380	171,922	918,431
t	Fax revenues levied for the organization's penefit and either paid to or expended on						<u>0</u>
3 1	ts behalf						ан _и на се об ок
	organization without charge	191,318	141,592	185,219	228,380	171,922	918,431
4	Total. Add lines 1 through 3	191,310	141,592	100;210			· · ·
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						918,431
	Public support. Subtract line 5 from line 4.		<u> </u>			<u> </u>	
	on B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	dar year (or fiscal year beginning in) 🕨	191,318	and a second strand block a second	and the second	The second second second	1000 C	918,431
8	Amounts from line 4	191,310					
	rents, royalties and income from similar sources				608	200	808
9	Net income from unrelated business activities, whether or not the business is regularly carried on						. 0
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)	380		- Real Address	s harring		380 919,619
11	Total support. Add lines 7 through 10			<u> </u>		12	919,019
12	그는 그는 그는 것은 것을 하는 것을 수 있다. 그는 것을 가지 않는 것을 가지 않는 것을 하는 것을 수 있다. 이렇게 하는 것을 수 있는 것을 것을 수 있는 것을	ee instructions)		1 Carrington on 664	toy yoar at a l		<u>)</u>
13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's fir	st, secona, triir				▶ □
Sect	ion C. Computation of Public Suppor	t Percentage	9		alian an ann an Airtean Anns an Airtean	14	99.87%
14	Public support percentage for 2012 (line 6, c	column (f) divid	ed by line 11, c	:olumn (f))		15	99.80%
15	Public support percentage for 2012 (into c, Public support percentage from 2011 Sched 33 1/3% support test—2012. If the organiz	ule A, Part II, I		line 13 and lin	e 14 is 33 1/3%		this box
16a							
b	33 1/3% support test-2011. If the organiz	ation did not Ch es as a publiciv	eck a box on ii	anization			check this
		If the erection	ation did not ch	eck a box on li	ne 13. 16a. or 1	bb, and line 14	
17a	is 10% or more, and if the organization mee	ets the "facts-an	tances" test. T	he organization	qualifies as a l	bublicly supporte	
b	organization. 10%-facts-and-circumstances test—2011	I. If the organiz	ation did not ch s-and-circumst	neck a box on li ances" test, che	ne 13, 16a, 16t eck this box and	, or 17a, and lin stop here. Ex	e
	Part IV how the organization meets the "fac	cts-and-circums	stances test. I	ne organization	1 quannee as a 1		►
18	Private foundation. If the organization did instructions	not check a bo	x on line 13, 10	סמ, וסם, ו/מ, סו 		Schedule A (Form	► ► [

Dress For Success Louisville, Inc. Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	on A. Public Support				() 0044	(+) 0012	(f) Total
Caler	dar year (or fiscal year beginning in) 🕨 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(1) 10(a)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities				·		1
•	furnished by a governmental unit to the						0
_	organization without charge	0	0	0	0		0 0
6 7a	Total. Add lines 1 through 5	<u>v</u>			1		
	received from disqualified persons						0
N	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			:			0
_	amount on line 13 for the year	0	0	0	0		0 0
с 8	Public support (Subtract line 7c from						0
	line 6.)	<u> </u>					0
Sec	ion B. Total Support	1 (1) 0000	(5) 2000	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009			(0) 2012	0 0
9	Amounts from line 6	0	0	0	0		<u> </u>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						a
	acquired after June 30, 1975		j Ö	c	0		0 0
	Add lines 10a and 10b		<u>/</u>				
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						(
13	Total support. (Add lines 9, 10c, 11,						0 (
					the second se		<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop here.	zation's first, sec	ond, third, fourth,	or min tax year	as a section son		🕨 🗌
	tion C. Computation of Public Suppor Public support percentage for 2012 (line 8, column	(f) divided by li	ne 13. column (f))		15	0.00%
15 16	Public support percentage for 2012 (time 0, column Public support percentage from 2011 Schedule A	, Part III, line 15	· · · · · · · · ·			16	0.00%
Sec	tion D. Computation of Investment Inc	come Percen	tage			17	0.009
17	Invoctment income percentage for 2012 (line 100	; column (f) divid	ed by line 13, col	umn (f))	• • • • • •	18	0.009
18	1 1 1 Sched	ule A Part III lin	e 17			- Landard and the second se	
19a	33 1/3% support tests—2012. If the organizatio not more than 33 1/3%, check this box and stop	here The organ	ization qualifies a	is a publicly sup	Joned organizan		· · · · · · ·
b	an event	n did not check a	a box on line 14 C	or line 19a, and i	ne to is more ma	all 00 110 /0, di	
20	Private foundation. If the organization did not c	heck a box on lin	e 14, 19a, or 19b	, check this box	and see instructi	ons	. ▶
					\$	ichedule A (For	m 990 or 990-EZ) 201
	1994、1995年4月,1995年1997年1997年1997年1997年1997年1997年1997年						

	m 990 or 990-EZ) 2012	Dress For Success Louisville, Inc. Information. Complete this part to provide the explanations	required by Part II, line 10;
PartIV	Supplemental Doct II, Jino 175	or 17b; and Part III, line 12. Also complete this part for any a	dditional information. (See
	instructions).		na se
	<u>Instructioney.</u>		
		a a de la seguiera de La seguiera de la segu	
			<u></u>
eta de la composición de la composición Composición de la composición de la comp			
			<u> 1997 - Barris Alberto Barrono</u>
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		<u>Na serie de la companya de la construcción de la construcción de la construcción de la construcción de la cons</u> La construcción de la construcción d	
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			<u>a tening di sekondo di berta di</u> Senghar angleggi
a an	ler statistica di		Schedule A (Form 990 or 990-EZ) 2

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury	Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF.	омв №. 1545-0047 20 12
Internal Revenue Service Name of the organization		Employer identification number
Name of the organization		
Dress For Success Louisvill	e, Inc.	61-1383568
Organization type (check o	ne):	
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 found	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	

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

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

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

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

ame of org	ganization Success Louisville, Inc.		mployer identification numbe 61-1383568	
and the second se	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>1</u>	WAL-MART LOUISVILLE KY Foreign State or Province: Foreign Country:	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	LOUISVILLE KY 40202 Foreign State or Province:	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	THE GLASS SLIPPER SOCIETY 680 SOUTH FOURTH STREET LOUISVILLE KY 40202 Foreign State or Province:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	SCN PO BOX 172 LOUISVILLE KY 40048 Foreign State or Province: Foreign Country:	\$ <u>8,250</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	Endine, address, and Enderstand PNC LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ <u> 6,000</u> .	Person X Payroll I Noncash (Complete Part II if there a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	HUMANA 600 WEST MAIN STREET LOUISVILLE KY Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)	

Schedule B		

Employer	dentification	number
	61 1292569	

Name of organization

61-138330 Dress For Success Louisville, Inc. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person UPS 7 Payroll Noncash 20,000 LOUISVILLE KY (Complete Part II if there is Foreign State or Province: a noncash contribution.) Foreign Country: (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person OWSLEY BROWN FOUNDATION 8 Payroll Noncash 4,000 LOUISVILLE KY (Complete Part II if there is Foreign State or Province: a noncash contribution.) Foreign Country: (d) (c) (b) Type of contribution (a) **Total contributions** Name, address, and ZIP + 4 No. IX. Person HONORABLE ORDER OF KENTUCKY COLONELS 9 Payroll Noncash \$ 8,235 LOUISVILLE KY (Complete Part II if there is Foreign State or Province: a noncash contribution.) Foreign Country: (d) (c) (b) Type of contribution (a) **Total contributions** Name, address, and ZIP + 4 No. X Person CRALLE FOUNDATION 10 Payroll Noncash \$ 5,000 LOUISVILLE KY (Complete Part II if there is Foreign State or Province: a noncash contribution.) Foreign Country: (d) (c) (b) Type of contribution (a) **Total contributions** Name, address, and ZIP + 4 No. Person Payroll -----Noncash \$ (Complete Part II if there is Foreign State or Province: a noncash contribution.) Foreign Country: (d) (c) (b) Type of contribution (a) **Total contributions** Name, address, and ZIP + 4 No. Person Payroll -----Noncash \$_____ (Complete Part II if there is Foreign State or Province: a noncash contribution.) Foreign Country:

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
	ganization Success Louisville, Inc.	<u></u>	Employer identification number 61-1383568
art II	Noncash Property (see instructions). Use duplicate of	opies of Part II if additional s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u>FLOORING</u>	\$6,000	0 1/1/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$15,00	0 1/1/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>in i Vana (</u> iyo off o <u>to invent i</u> i invent i invent i invent i invent i inventione	CLOTHING RACKS	\$	0 1/1/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FURNITURE - CHAIRS	\$6,00	00 1/1/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CLOTHING JEWELRY HOSIERY	\$ <u>100,0</u> 0	00 5/18/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	TOTES AND ACCESSORIES	\$	00 11/15/2012

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

	ganization		Employer identification number 61-1383568
ress For S Art III	Success Louisville, Inc. Exclusively religious, charitable, etc., ind total more than \$1,000 for the year. Compl For organizations completing Part III, enter the contributions of \$1,000 or less for the year.	lete columns (a) through (e) and the he total of <i>exclusively</i> religious, cha	01(c)(7), (8), or (10) organizations e following line entry. ritable, etc.,
	Use duplicate copies of Part III if additional s	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			· · · · · · · · · · · · · · · · · · ·
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relation	nship of transferor to transferee
	For. Prov. Country	e en el State de la section de la section Notae de la section de la se	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4 Relatio	nship of transferor to transferee
	Transferee's name, address, and Z	<u>IP + 4 Relatio</u>	nship of transferor to transferee
(a) No	Transferee's name, address, and Z		
(a) No. from Part I		IP + 4 Relatio	nship of transferor to transferee (d) Description of how gift is held
from	For. Prov. Country		
from	For. Prov. Country		
from	For. Prov. Country	(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	
from	For. Prov. Country (b) Purpose of gift	(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held
from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of gift ZIP + 4 Relation	(d) Description of how gift is held
from	For. Prov. Country (b) Purpose of gift	(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held
from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of gift ZIP + 4 Relation	(d) Description of how gift is held
from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of gift ZIP + 4 Relation	(d) Description of how gift is held
from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift	(d) Description of how gift is held
from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift	(d) Description of how gift is held

	990) of the Treasury enue Service	Complete Part IV, line 6	emental Finar if the organization ans 5, 7, 8, 9, 10, 11a, 11b, 1 1 to Form 990. Se	swered "Ye 11c, 11d, 1	es," to Form 990,	2b.	Open to Put Inspection
Name of the	ne organization					- 1995 - Maria	ntification number
	or Success Lo	uisville, Inc. ations Maintaining Dc	nor Advised Fund	le or Oth	or Similar Fu		61-1383568 unts Complete i
Paril	the orda	nization answered "Yes	" to Form 990. Part	IV. line ().		
				advised func		(b) Funds	and other accounts
		end of year		<u>95686555</u> 5	ar water be been		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The second se	ributions to (during year) ts from (during year) .	an a		<u>an an Anna an Anna.</u> Anna an Anna	<u></u>	<u>dense behalden de die sond sold</u> Lande – Lande Stabilit
		e at end of year		an de regelerador 11. Alexa e cases			
5 D	d the organiza	ation inform all donors and	donor advisors in writi	ing that the	e assets held in o	donor advised	
fu	nds are the or	ganization's property, subj ation inform all grantees, d	ect to the organization	's exclusiv	e legal control?	nds can be	Yes
6 D	sed only for ch	aritable purposes and not	for the benefit of the d	onor or do	nor advisor, or f	or any other	
р	urpose conferi	ing impermissible private t	enefit?				Yes
Part II	Conser	vation Easements. Co	mplete if the organi	zation an	swered "Yes"	to Form 990	, Part IV, line 7.
1 <u>P</u>		onservation easements he		(check all	that apply).		
		n of land for public use (e.g., r	ecreation or education)		en an		y important land are
		of natural habitat			Preservation c	of a certified hi	storic structure
	Preservatio	on of open space 2a through 2d if the organi	ration hold a qualified	concerva	tion contribution	in the form of	a conservation
		e last day of the tax year.	zadon nelu a qualmeu	CUNSCIVA			
	asement on a					н	leid at the End of the Ta
		f conservation easements				. <u>2a</u>	
	otal acreage r	estricted by conservation e servation easements on a	asements	ure include		2b 2c	
		servation easements includ					
h	istoric structur	e listed in the National Red	gister	h = 1		2d	
		servation easements modil	ied, transferred, relea	sed, exting	juished, or termi	nated by the o	rganization
	uring the tax y lumber of stat	es where property subject	to conservation easem	nent is loca	ated 🕨		
5 C	oes the organ	nization have a written polic	cy regarding the period	dic monitor	ing, inspection, I	handling of	
V	iolations, and	enforcement of the conser	vation easements it ho	olds?		ncomente duri	Yes
6 9	staff and volur	teer hours devoted to mon	itoring, inspecting, and	a entorcing	j conservation ea		ng me year
7	mount of exp	enses incurred in monitorir	ig, inspecting, and enf	orcing cor	servation easem	nents during th	e year
. i i i i i i i i i i i i i i i i i i i	• \$						
8 E	Does each cor	iservation easement report	ed on line 2(d) above	satisfy the	requirements of	section	Yes 🗌
9	70(n)(4)(B)(I) n Part XIII. de	and section 170(h)(4)(B)(ii scribe how the organization	reports conservation	easemen	ts in its revenue	and expense s	مسيط السيبيط
าร์ อาย	alance sheet,	and include, if applicable,	the text of the footnote	e to the or	ganization's finar	ncial statemen	ts that describes
t	he organizatio	on's accounting for conserv	ation easements.				al y Branci
Part	Organiz	ations Maintaining Collecter if the organization answe	ctions of Art, Historic ared "Yes" to Form 99	0 Part IV.	line 8.	IIIIdi Asseis.	
		tion elected, as permitted u				venue statem	ent and balance she
	vorks of art h	istorical treasures or other	similar assets held fo	r public ex	hibition, education	on, or research	n in furtherance
a da gagar	of public servi	ce provide in Part XIII, the	text of the footnote to	its financi	al statements th	at describes th	iese items.
b	f the organiza	tion elected, as permitted u istorical treasures, or other	under SFAS 116 (ASC	958), to r	eport in its reven	on, or research	n in furtherance
a da antes da antes Antes da antes da ante	works of art, h	istorical treasures, or other ce, provide the following ar	nounts relating to thes	e items:			
	(i) Revenues	included in Form 990, Part	VIII, line 1				\$
	(ii) Assets incl	uded in Form 990, Part X.				31 - Angel - A	\$ gain provide the
2	it the organization	tion received or held works unts required to be reported	s or art, historical treas d under SFAS 116 (Δ9	ores, or o SC 958) re	lating to these it	ems:	
а	Revenues incl	uded in Form 990, Part VII	I, líne 1.				• \$
		ed in Form 990, Part X .				•	• \$ <u></u>
-	nenwork Redu	ction Act Notice, see the In	structions for Form 99	90.			Schedule D (Form

obed 1-	D (Form 990) 2012 Dress For Success	Louisville Inc			61-13835	
P-T-IT	Organizations Maintaining	Collections of Ar	t, Historical Ti	reasures, or Ot	her Similar Assets	s (continued)
L L	Jsing the organization's acquisition, ac	cession, and other re	cords, check any	of the following th	hat are a significant	
ι	use of its collection items (check all that	t apply):				
a [Public exhibition		d Loan	or exchange progr		
ьĒ	Scholarly research		e Other			:
, F		ns				
ן ג יי	Provide a description of the organizatio	n's collections and ex	plain how they fu	urther the organiza	ation's exempt purpos	e in
f	Part XIII.				•	
[During the year, did the organization so	licit or receive donati	ons of art, histori	cal treasures, or o	ther similar	
	accets to be sold to raise funds rather t	han to be maintained	as part of the or	ganization's collec	auone	Yes No
anti	M Escrow and Custodial Arra	ingements. Comp	lete if the organ	nization answere	ed "Yes" to Form 9	90, Part
	IV line 9 or reported an amo	ount on Form 990,	Part X, line 21	•		
a	s the organization an agent, trustee, o	ustodian or other inte	rmediary for cont	ributions or other a	assets not	
1	included on Form 990. Part X?					
b	If "Yes," explain the arrangement in Pa	rt XIII and complete t	he following table	€.	Δr	nount
					1c	noun
c I	Beginning balance		• • • • • •		1d	
d /	Additions during the year		· · · · · · · · · · · · · · · · · · ·		1e	
e	Distributions during the year				1f	
f	Ending balance	2. 3. 4. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	· · · · · · ·			Yes No
a	Did the organization include an amoun	t on Form 990, Part)		, a la sua a serie dod	in Port XIII	
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here if	the explanation r	has been provided		
art \	Endowment Funds. Compl	ete if the organizat	tion answered '	'Yes" to Form 9	90, Part IV, line TU.	(e) Four years back
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) rour years buck
a	Beginning of year balance			A THAT AND A TH	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	
b .	Contributions			1		
b c	Contributions . Net investment earnings, gains,	and a start of the				
b C	Contributions . Net investment earnings, gains, and losses .					
b c d	Contributions					
b c d	Contributions					T. S. Brand
b c d e	Contributions					
b c d e f	Contributions				0 0	
b c d e f g	Contributions	0 ne current year end b			0 0	
b c d e f g 2	Contributions	he current year end b			0 0	
b c d e f g	Contributions	he current year end b at	alance (line 1g, d		0 0))
b c d e f g 2 a	Contributions	he current year end b ht <u>%</u>	palance (line 1g, c %		0 0	
b c d e f g 2 a b	Contributions	he current year end b it <u>%</u> % % % % % % % % % % % % %	alance (line 1g, d	column (a)) held as	0 C 5	
b c d e f g 2 a b c	Contributions	he current year end b it <u>%</u> % % % % % % % % % % % % %	alance (line 1g, d	column (a)) held as	0 C 5	
b c d e f g 2 a b c	Contributions	he current year end b it <u>%</u> 2c should equal 100% possession of the or	alance (line 1g, d %_ %. ganization that a	re held and admin	0 C 5	Yes No
b c d e f g 2 a b c	Contributions	he current year end b at <u>%</u> 2c should equal 100% possession of the or	ealance (line 1g, o % %. ganization that a	re held and admin	0 C 5	
b c d e f g 2 a b	Contributions	he current year end b t <u>%</u> 2c should equal 100% possession of the or	ealance (line 1g, o % % ganization that a	re held and admin	0 C	Yes No 3a(i)
b c d e f g 2 a b c 3a b	Contributions	he current year end b it <u>%</u> 2c should equal 100% possession of the or hizations listed as req	 balance (line 1g, o) % ganization that a uired on Schedul 	re held and admin	0 C	Yes No 3a(i) 3a(ii)
b c d e f g 2 a b c 3a b 4	Contributions	he current year end b it <u>%</u> 2c should equal 100% possession of the or hizations listed as req is of the organization	alance (line 1g, o %. ganization that a uired on Schedul s endowment fur	re held and admin	0 C	Yes No 3a(i) 3a(ii)
b c d e f g 2 a b c 3a b 4	Contributions	he current year end b it % 2c should equal 100% possession of the or hizations listed as req es of the organization ipment. See Form	ealance (line 1g, o % ganization that a uired on Schedu 's endowment fur 1 990, Part X, li	re held and admin	0 C s: istered for the 	Yes No 3a(i) 3a(ii)
b c d e f g 2 a b c 3a b 4	Contributions	he current year end b it <u>%</u> 2c should equal 100% possession of the or hizations listed as req is of the organization	6. ganization that a uired on Schedul s endowment fur n 990, Part X, li (b)	re held and admin 	0 C	Yes No 3a(i)
b c f g 2 a b c 3 a b c 3 a 2 4 2 2 4 2 2 4	Contributions	he current year end b t % 2c should equal 100% possession of the or hizations listed as req s of the organization ipment. See Form (a) Cost or other	6. ganization that a uired on Schedul s endowment fur n 990, Part X, li (b)	re held and admin re held and admin he R? he R? ne 10. Cost or other asis (other) 0	0 C 5: istered for the (c) Accumulated depreciation	Yes No 3a(i) 3a(ii) 3b
b c d e f g 2 a b c 3a 3a b 4 Parti	Contributions	he current year end b t % 2c should equal 100% possession of the or hizations listed as req s of the organization ipment. See Form (a) Cost or other	Alance (line 1g, o %. ganization that a uired on Schedul s endowment fur 990, Part X, li ner basis (b) ent) b	re held and admin re held and admin le R? ne 10. Cost or other asis (other) 0 0	0 C 5: istered for the (c) Accumulated depreciation	Yes No 3a(ii) 3b (d) Book value
b c d e f g 2 a b c 3a 3a b 4 Part 1a b	Contributions	he current year end b it % 2c should equal 100% possession of the or hizations listed as req is of the organization (a) Cost or oth (investm	Alance (line 1g, o %. ganization that a uired on Schedul s endowment fur 1 990, Part X, li her basis (b) 0	re held and admin 	0 C 5: istered for the (c) Accumulated depreciation 0 1,348	Yes No 3a(i)
b c f g 2 a b c 3a 3a b 4 Parti	Contributions	he current year end b it	ealance (line 1g, o % ganization that a uired on Schedul 's endowment fur 1 990, Part X, li her basis (b) ent) b 0 0	re held and admin re held and admin le R? ne 10. Cost or other asis (other) 0 0	0 C 5: istered for the (c) Accumulated depreciation	Yes No 3a(i)

art VII Investments—Other Securitie (a) Description of security or category	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(including name of security)	<u>Norman and States of States</u>	
-inancial derivatives	0	
Closely-held equity interests		an a
Other		<u>en en e</u>
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	ad See Form 990 Part X	line 13
a an an an ann an an an an an Ann	(b) Book value	(c) Method of valuation:
(a) Description of investment type		Cost or end-of-year market value
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The second se	an palita New Anna Rada Norman - A	<u>na antina di kumpuna kana manakan kana ana a</u>
	Magazara en el composition de 2000 - 1	
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)) 1. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Art IX Other Assets. See Form 990,)	(a) Description (a) Description (b) line 15.)	
)). (Column (b) must equal Form 990, Part X, col. (B) line 13.) Art IX Other Assets. See Form 990,)	(a) Description (a) Description (b) line 15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or any state of the second	Part X, line 15. (a) Description (a) Description (a) Description (b) Book value (b) Book value 0	

Schedule D (Form 990) 2012

Schedula D /Ear	m 990) 2012 Dress For Success Louisville, Inc.	61-1383568	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	a an
1 Total	revenue, gains, and other support per audited financial statements	1	
2 Amou	nts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net ur	nrealized gains on investments		
b Donat	ed services and use of facilities		
	veries of prior year grants		
d Other	(Describe in Part XIII.)		
e Add li	nes 2a through 2d	<u>2e</u>	0
3 Subtra	act line 2e from line 1	3	0
4 Amou	ints included on Form 990, Part VIII, line 12, but not on line 1.		
a Invest	tment expenses not included on Form 990, Part VIII, line 7b		
b Other	(Describe in Part XIII.)		~
il bhA a	nes 4a and 4b	4c	0
5 Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Dart YII	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1 Total	expenses and losses per audited financial statements		
2 Amou	ints included on line 1 but not on Form 990, Part IX, line 25:		
a Dona	ted services and use of facilities		
b Prior	year adjustments		
c Other	losses	4	
d Other	(Describe in Part XIII.).		c
e Add li	ines 2a through 2d	2e	(
3 Subtr	act line 2e from line 1.	3	
4 Amol	unts included on Form 990, Part IX, line 25, but not on line 1:		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b		
b Other	r (Describe in Part XIII.).		(
c Add I	ines 4a and 4b.	4c 5	
5 Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Complete tr Part V, line additional ir	his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro- nformation.	ovide any	
4			
	에는 사람이 가지 않는 것은 것을 가지 않는 것을 가지 않는 것이다. 이렇게 가지 않는 것은 것을 가지 않는 것을 가 이렇게 하는 것은 것을 하는 것을 수 있다. 것을 하는 것을 수 있다. 것을 하는 것을 수 있는 것을 수 있다. 것을 것을 수 있는 것을 수 있다. 것을 것을 것을 것을 수 있는 것을 것을 수 있다. 것을 것을 것 같이 같이 않는 것을 수 있는 것을 수 있는 것을 것 같이 같이 같이 같이 않는 것을 수 있다. 것을 것 같이 같이 같이 같이 같이 같이 같이 같이 같이 않는 것 같이 않 것 같이 않는 것 같이 같이 같이 같이 않는 것 같이 같이 않다. 것 같이 같이 같이 같이 같이 같이 같이 같이 같이 않는 것 같이 않는 것 같이 같이 않는 것 같이 같이 같이 같이 않는 것 않는 것 같이 않는 것 같이 않는 것 같이 않는 것 같이 않는 것 않는		
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		Schedule D (Fo	rm 990) 20

	990) 2012 Dress For Success Louisville, Inc.	61-1383568	Page
Part XIII	Supplemental Information (continued)		
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	C.,	nnlement	al Infor	mation	Regarding	0	MB No. 1545-0047	
SCHEDULE G Form 990 or 990-EZ)		undraisir	na or G	aming	Activities	or if the	2012	
	Complete if the	organization answ ganization entered	ered "Yes" to d more than \$	Form 990, P 15,000 on Fo	art IV, lines 17, 18, or 19 rm 990-EZ, line 6a.	「「「「「「「」」」	Open to Public Inspection	
Department of the Treasury Internal Revenue Service	► Att	ach to Form 990 or	<u>Form 990-EZ</u>	. ► See s	eparate instructions.	Employer identificatio		
lame of the organization Dress For Success Louisville.	Inc					61-138		
Fundraising A	ctivities. Co	mplete if the	organizati	on answe	red "Yes" to Forn	n 990, Part IV, lin	e 17.	
Part I Form 990-EZ f	lara ara natr	aguirad to co	mnlete thi	s nari				
a X Mail solicitations	organization rais		e IVI SO	ilcitation 0	r non-government g	Ginto		
b X Internet and email	solicitations				f government grants	 A statistics A statistics 		
c Phone solicitation:			g 🗶 Sp	ecial fundi	aising events			
d X In-person solicitati 2a Did the organization h	ions		ot with any	individual	including officers, d	irectors, trustees or	· · · ·	
trace amandaurage listed	in Earm 000 P	art VII) or entity	' in connect	ION WILL DI	Diessional Information	Ig our nood L		
b If "Yes." list the ten high	ghest paid indiv	iduals or entitie	es (fundrais	ers) pursu	ant to agreements u	inder which the fund	Iraiser is	
to be compensated at	t least \$5,000 b	y the organizat	ion.					
a de la Contra de Santa de La Contra de La Con Esta de la Contra de			(iii) Did fund	raiser have		(v) Amount paid to	(vi) Amount paid to	
(i) Name and address of in or entity (fundraiser	idividual)	(ii) Activity	custody or contrib	control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization	
			Yes	No				
1					0	0	0	
2					0	0	0	
3			1 (0	0	(14) ((
 A second sec second second sec					0	0	C	
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7					0	0	(
8					0	0	(
9					0	0		
10					0	0		
		din sa sa sa		•	C	0		
Total	ch the organiza	tion is registere	d or license	ed to solici	contributions or ha	s been notified it is a	exempt from	
3 List all states in which registration or licens	sing.							
<u>IN, KY</u>								

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

	events with gross reco	eipts greater than \$5,000 (a) Event #1 SUIT AND SALAD	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event lype)	(event lype)	(total number)	
	1 Gross receipts	113,408		<u>0</u>	113,40
	2 Less: Contributions			0	
	3 Gross income (line 1 minus line 2)	113,408		0	113,40
	4 Cash prizes			0 	
	5 Noncash prizes			C	
1	6 Rent/facility costs			C	
	7 Food and beverages	18,159		<u> </u>) 18,1
	8 Entertainment			()
	9 Other direct expenses	2,361		(2,3
E	10 Direct expense summary. A 11 Net income summary. Comi Gaming. Complete i	<u>pine line 3, column (d), and</u> f the organization answe		● 0, Part IV, line 19, or	92.8
		<u>pine line 3, column (d), and</u> f the organization answe		● 0, Part IV, line 19, or (c) Other gaming	92,8 reported more (d) Total gaming (add
E	11 Net income summary. Com Gaming . Complete i	bine line 3, column (d), and f the organization answe m 990-EZ, line 6a.	Ine 10		92,8 reported more (d) Total gaming (add
	11 Net income summary. Com t IIII Gaming. Complete i than \$15,000 on For	bine line 3, column (d), and f the organization answe m 990-EZ, line 6a.	Ine 10		92,8 reported more (d) Total gaming (add
vheliaca i venine	11 Net income summary. Comlete i ct III Gaming. Complete i than \$15,000 on For 1 Gross revenue	bine line 3, column (d), and f the organization answe m 990-EZ, line 6a. (a) ^{Bingo}	Ine 10		92,8 reported more (d) Total gaming (add
vheliaca i venine	11 Net income summary. Comlete i Gaming. Complete i than \$15,000 on For 1 Gross revenue	bine line 3, column (d), and f the organization answe m 990-EZ, line 6a. (a) ^{Bingo}	Ine 10		92,8 reported more (d) Total gaming (add
	11 Net income summary. Comlete i Gaming. Complete i than \$15,000 on For 1 Gross revenue 2 Cash prizes 3 Noncash prizes	oine line 3, column (d), and f the organization answe m 990-EZ, line 6a. (a) ^{Bingo}	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
vheliaca i venine	11 Net income summary. Comlete i Gaming. Complete i than \$15,000 on For 1 Gross revenue	bine line 3, column (d), and f the organization answe m 990-EZ, line 6a. (a) ^{Bingo}	Ine 10		92,5 reported more (d) Total gaming (add col. (a) through col. (c)
vheliaca i venine	11 Net income summary. Comlete i Gaming. Complete i than \$15,000 on For 1 Gross revenue	bine line 3, column (d), and f the organization answe m 990-EZ, line 6a. (a) ^{Bingo}	Ine 10	(c) Other gaming	92,{ reported more (d) Total gaming (add col. (a) through col. (c)

Schedule G (Form 990 or 990-EZ) 2012

eaule	G (Form 990 or 990-EZ) 2012 Dress For Success Louisville, Inc.	61-1383568 Page
	C (Form 990 or 990 E2) 2012 Diess For Success Edulatine, inc.	Yes No
D	s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
fc	ormed to administer charitable gaming?	Yes . No
İr	ndicate the percentage of gaming activity operated in:	13a
a T	The organization's facility	13b
о А –	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books	
	Enter the name and address of the person who prepares the organization of gamma, or person and records:	
١	Name ►	
ļ	andre statistic in the second statistic statistic statistics of the second statistics of the se	
a [Does the organization have a contract with a third party from whom the organization receives gaming	
h I	If "Yes" enter the amount of gaming revenue received by the organization \$ 0 and the	
2	amount of gaming revenue retained by the third party 🕨 \$	
C I	If "Yes," enter name and address of the third party:	
ł	Name De la constante a la fina de la constante	
	Address ►	
0	Gaming manager information:	
	Gaming manager compensation > \$0	
	Description of services provided	
ſ		
l	Director/officer	
 ,		
	Mandatory distributions:	
а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to	
а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations	Yes N
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	Part I, line 2b, colum
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	Part I, line 2b, colum
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con	Part I, line 2b, colum
a b	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions). 	Part I, line 2b, columnplete this part to
a b	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions). 	Part I, line 2b, columnplete this part to
a b	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions). 	Part I, line 2b, columnplete this part to
a b	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions). 	Part I, line 2b, columnplete this part to
a b	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions). 	Part I, line 2b, columnplete this part to
a b	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions). 	Part I, line 2b, columnplete this part to
a b	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions). 	Part I, line 2b, columnplete this part to
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a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions).	Part I, line 2b, columnplete this part to
a b	 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions). 	Part I, line 2b, columnplete this part to
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con provide any additional information (see instructions).	Part I, line 2b, columnplete this part to

SCHEDULE M (Form 990)

HTA

Noncash Contributions

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

Attach to Form 990.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 61-1383568

Dress For Success Louisville, Inc. Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				<u>an an tao amin' Bargana</u>
2	Art—Historical treasures		New York, N		
3	Art—Fractional interests				and the second
4	Books and publications	Millionana.			
5	Clothing and household				
	goods				E. C. C. C. Barra, A. S. C. C. Martin, "Annual Control of the second state of the s
6	Cars and other vehicles	All All A			ander i de la de la dela de la dela dela dela d
7	Boats and planes				A STREAM AND A STREAM AND
8	Intellectual property				
9	Securities—Publicly traded	Na de la		ay the state of the	
10	Securities—Closely held stock			an a	
11	Securities—Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation			an Anna 1998. An Anna 1978 - Anna 1988	
	contribution-Historic				
	structures	and an ann Bhlian Anna An			
14	Qualified conservation		1111日1日1日1日日		
	contribution-Other				
15	Real estate—Residential	Same and	A CARLES AND A C	Charles and the second states of the	
16	Real estate—Commercial	1 Principality	a valen er er dagen som som er	and the second second	and the second secon
17	Real estate—Other				 A. S. /li>
18	Collectibles			<u>a an /u>	[20] S. S. Sandari, A. S. Sandari, S. Sand
19	Food inventory				n na hina an an an ann an an ann an an ann an a
20	Drugs and medical supplies				A Anna Anna Anna Anna Anna Anna Anna An
21	Taxidermy		<u>i na Statu a na sanakanin </u>		
22	Historical artifacts		and the second sec		na her sense af gebre de sense de la s La sense de la s
23	Scientific specimens			n <mark>an an a</mark>	
24	Archeological artifacts	N.		130 197	Retail Value
25	Other ► (Clothing, Jewelry a)	X			Retail Value
26	Other ► (Totes and Accessc)	Longer and the second se	21		Fair market value
27	Other ► (Building rehabilitati)	X	 Antonio de la construcción de la const		Fair Market Value
28	Other ► (Office Furniture) Number of Forms 8283 received		ionization during the tax year		
29	which the organization complete	ed Form 82	83, Part IV, Donee Acknowle	edgment	29 Yes No
30a b	During the year, did the organiz that it must hold for at least thre required to be used for exempt	ation receive years fro purposes fo ent in Part	ve by contribution any proper m the date of the initial contri or the entire holding period? II.	ty reported in Part I, lines 1-4 ibution, and which is not	28
31	Does the organization have a g contributions?				Consideration and a second
32a	Does the organization hire or us noncash contributions?	se third par	ties or related organizations	to solicit, process, or sell	
b	If "Voc " describe in Part II				
33	If the organization did not repor checked, describe in Part II.	t an amour	nt in column (c) for a type of p	property for which column (a)	
	aperwork Reduction Act Notice, see the				Schedule M (Form 990) (2012

THE REPORT OF TH	orm 990) (2012) Dress For Success Louisville, Inc.	61-1383568 Page 2
Part II	Supplemental Information. Complete this part to provide the information required 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of items received, or a combination of both. Also complete this part for any	
	and a contract of the second	
	가는 것이 있는 것이 있다. 	
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	가 가 있다. ************************************	
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CHEDULE O Form 990 or 990-EZ)	Supplemental Information to Form 990 Complete to provide information for responses to specific qu Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ.	ation. Open to Public Inspection
ame of the organization	uisville, Inc.	Employer identification number 61-1383568
	tal expenditures for the going places program consits of \$119,697 from	m
	\$7,460 for operating expense.	
	on A Line 2 LISA LEWELLEN (BOARD CHAIR) AND MARCA FACKL	ER (BOARD MEMBER)
	SS, AS ARE BOARD MEMBER LYNEE MUELLER AND MARY JO M	
	ION C LINE 19 RELATIVE TO GOVERNMENT DOCUMENTS, CONFL	
	NCIAL STATEMENTS, THIS INFORMATION IS AVAILABLE UPON	
	UTIVE DIRECTOR OF DRESS FOR SUCCESS LOUISVILLE.	
orm 990 Part X Secti	on ASSETS Line 10 PRIOR YEAR ADJUSTMENT TO RECLASSSIF	IED EXPENSE AS
CAPITAL EXPENDITU	JRE. PER AUDITED FINANICAL STATEMENTS - COPIER EXPENS	
CORRECTION MADE	IN YEAR 2012 TO CAPATALIZED AND RECORD ASSOCIATED A	CCUMULATED DEPRECIATION.
	ACCUMULATED DEPRECIATION \$500 AND RESULTED TO A \$20	
EARNINGS.		
		n an
		<u>2012/01/2012</u> 191 - New States
		<u>e die en rekeningenen en een die die die die die die die die die die</u>
		<u>ite e presentation d'Altres en construction de la construc</u> tion de la construction de la construction de la const La construction de la construction d
		<u>. Na Galeria da Angelan</u> . Katularia da Angelandaria

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
ame of the organization	Employer identification number
ress For Success Louisville, Inc.	61-1383568
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Total Depreciation and Amortization

Subtotal Listed Property

Jaindmoo

Total listed prop with > 50% business use

₽69'68

2'200

2,500

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Form 4562 Statement Kentucky State - 990

61-1383568

12/31/2012

Item No.	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con- vention Code	Prior Accum. Deprec., 179, Bonus	2012 Deprec.	2012 Accum Deprec.
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Going Places. Going Strong.

BYLAWS OF DRESS FOR SUCCESS LOUISVILLE, INC.

ARTICLE 1: NAME

Section 1: The name of the corporation shall be Dress for Success Louisville, Inc.

ARTICLE 2: PURPOSE

Section 1: Not for Profit. The corporation is organized under and shall operate as a Commonwealth of Kentucky Not for Profit Corporation, and shall have such powers as are now or as many hereafter be granted by the Commonwealth of Kentucky Nonprofit Corporation Acts, (KRS273.390) and as otherwise stated in Section (2) (a) of ARTICLE II of the Corporation's Articles of Incorporation ("Articles").

<u>Section 2: Purpose</u>. The purpose of **Dress for Success Louisville, Inc.** is to promote the economic independence of disadvantaged women by providing professional attire, a network of support and the career development tools to help women thrive in work and life.

ARTICLE 3: REGISTERED OFFICE AND AGENT

The Corporation shall maintain a registered office in the Commonwealth of Kentucky as required by Kentucky law. The address of the registered office many be changed from time to time.

ARTICLE 4: MEMBERS

There shall be no members of the Corporation.

ARTICLE 5: BOARD OF DIRECTORS

<u>Section 1: General Powers.</u> The affairs of the Corporation shall be managed by its Board of Directors, including overall policy and direction of the corporation.

Section 2: Composition, Tenure and Qualifications. 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. Directors need not be residents of the Commonwealth of Kentucky.

Section 3: Termination and Resignations. Resignation from the Board must be in writing and received by the Secretary. The directors by affirmative two-thirds vote of all directors may terminate a director, with our without cause, at a meeting of the Board called expressly for that purpose.

Section 4: Annual and Regular Meetings. The date of the annual meeting shall be set by the Board who shall also set the time and place for the purpose of electing directors and for the transaction of such other businesses as many come before the meeting. Regular meetings will be called by the Chair of the Board on a monthly basis.

Section 5: Notice. Notice of the annual and regular meetings shall be given to each director, by mail, fax or email, not less than 3 days before the meeting.

Section 6: Special Meetings. Special meetings of the Board may be called by, or at the request of, the Chair, or any two directors of the Corporation. All special meetings of the Board shall be held at the principal office of the Corporation or such other place as may be specified in the notice of the meeting. Notice of the date, time and place of any special meeting shall be given at least two days prior thereto by written notice mailed, faxed, or delivered personally to each director at the director's business address or by telephone or given at least four days notice by email. Any member may waive notice of any meeting.

Section 7: Quorum. A majority of the number of directors fixed by these Bylaws shall constitute a quorum of the Board. The vote of the majority of the directors present at the meeting shall be the act of the Board, unless otherwise required by the Articles of these Bylaws.

Section 8: Action by Written Consent. Any action required or permitted to be taken by the Board at a meeting may be taken without a meeting if a consent in writing or e-mail, setting forth the action so taken, shall be agreed to by all the directors.

Section 8: Vacancies. If a vacancy occurs on the Board, including a vacancy resulting from an increase in the number of directors, such vacancy shall be filled by the affirmative vote of the majority of the remaining directors which could be less than a quorum of the Board. A director elected to fill a vacancy shall be elected for the unexpired term of such director's predecessor in office.

Section 9: Compensation of Directors. Officers of the Board shall not be compensated in their capacity as officers of the Board.

ARTICLE 6: OFFICERS

Section 1: Officers and Duties. There shall be officers of the Board consisting of the Chair, Chair-Elect, Treasurer and Secretary. The officers shall be elected by the Board at the annual meeting and will hold a term for no less than one year and no more than three years. Their duties are as follows:

The **Chair** shall convene regularly scheduled Board meetings, meet with staff to plan Board meeting topics, prepare Board meeting agendas, appoint committee chairs, convene annual meeting, and arrange for another member of the Executive Committee to preside at meetings if needed.

The **Chair-Elect** (if office created), in the absence of the Chair, or in the event of the Chair's death, inability or refusal to act, shall perform the duties of the Chair and when so acting shall have all the powers of, and be subject to all the restrictions upon, the position of Chair. The Chair-Elect shall perform such duties that may be assigned by the Chair.

The **Treasurer** shall report the financial status of the organization at each Board meeting. In addition, this officer will assist with preparation of a yearly budget, assist with development of fundraising plans, and shall oversee adequate accounting of all agency financial transactions. This officer will have check signing power, will exercise all duties incident to the officer of **Treasurer** and shall perform such other duties that may be assigned by the Chair.

The **Secretary** shall keep records of all Board actions, including the taking of minutes at all board meetings; see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; be custodian of the corporate records and authenticate these records as necessary; keep a register or the mailing addresses of each director; and perform all duties incident to the office of **Secretary** and shall perform such other duties that may be assigned by the Chair.

<u>Section 2: Termination and Resignations.</u> An officer of the Corporation may resign at any time by delivering written notice to the Board. The directors by affirmative two-thirds vote of all directors may terminate an Officer, with our without cause, at a meeting of the Board called expressly for that purpose.

Section 3: Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise may be filled by the Board for the unexpired portion of the term.

Section 4: Compensation. Officers of the Board shall not be compensated in their capacity as officer of the Board.

ARTICLE 7: EXECUTIVE COMMITTEE

Section 1: Executive/Finance Committee. The Executive Committee of the Board shall consist of the elected Chair, Chair-Elect (if office created), Treasurer, Secretary, and the non-voting member of Executive Director.

Section 2: Authority of Executive/Finance Committee. Except for the power to amend the Articles of Incorporation and Bylaws, and all things specifically addressed by KRS273.221, the Executive Committee shall have all the power and authority of the Board in the intervals between meetings of the Board, and these acts are later presented for full board review. The elected officers of the Executive Committee shall conduct the performance review of the non-

voting member of Executive Director. This committee also oversees development of the budget; ensures accurate tracking/monitoring/accountability for funds; and ensures adequate financial controls.

<u>Section 3: Terminations, Resignations, Vacancies, and Compensation for Executive</u> <u>Committee.</u> Members of the Executive Committee will follow terms as outlined in Article 5, Section 3, Section 8 and Section 9.

ARTICLE 8: OTHER COMMITTEES AND TASK FORCES

Section 1: Standing Committees. There shall be four standing committees: Fund Development, PR/Marketing, Worldwide Standards, and Nominating. The Board Chair appoints all committee chairs and committee membership must consist of a least two directors as well as other community members. Standing committees will make recommendations to the Board regarding policy and activities.

Section 2: Task Forces. The Board may create task forces, to be overseen by the Standing Committees, involving special events, fundraising activities, and strategic planning. Task forces will be chaired by a Board and will receive a specific budget for any given activity. If additional funds or activities are needed to complete a certain task, the task force must present its recommendations to its overseeing Standing committee.

<u>Section 3: Members.</u> Directors will self-select committee/task force membership and each committee will approve additional members as needed. Term of committee/task force membership is determined by committee work or until a member resigns.

Section 4: Quorum. A majority of the whole committee shall constitute a quorum and the vote of a majority of the members present at a meeting shall be the recorded act of the committee.

ARTICLE 9: DIRECTOR AND STAFF

Section 1: Executive Director/President. The Executive Director/President is hired by the Board and is responsible for the day-to-day operations of the agency, including carrying out the agency's goals and Board policy. The Executive Director/President will attend all Board meetings, report on the progress of the agency, answer questions of Board members and carry out the duties described in the job description. The Board can designate other duties as necessary.

Section 2: Authority of Executive Director/President. The Executive Director/President may sign any deeds, mortgages, bonds, contracts or other instruments which the Board has authorized to be executive, except in cases where the signing and execution thereof be expressly delegated by the Board or by these Bylaws to an officer or some other agent of the Corporation, or shall be required by law to be otherwise signed or executed. Along with the Treasurer, the Executive Director/President has authority to sign checks and make deposits on behalf of the corporation.

ARTICLE 10: FINANCIAL ADMINISTRATION

Section 1: Fiscal Year. The fiscal year of the Corporation shall be January – December 31 but may be changed by resolution of the Board of Directors.

Section 2: Checks, Drafts, etc. All checks, orders for the payment of money, bills of lading, warehouse receipts, obligations, bills of exchange, and insurance certificates shall be signed or endorsed by the Treasurer or the Executive Director. Debit charges may be incurred by such officer or officers or agent or agents of the Corporation as approved by the Treasurer or Executive Director/President.

Section 3: Deposits and Accounts. All funds of the Corporation, not otherwise employed, shall be deposited from time to time in general or special accounts in such banks, trust companies, or other depositories as the Board or any committee to which such authority has been delegated by the Board may select, or as may be selected by agent or agents of the Corporation, to whom such power may from time to time be delegated by the Board. For the purpose of deposit and for the purpose of collection for that account of the Corporation, checks, drafts, and other orders of the Corporation may be endorsed, assigned, and delivered on behalf of the Corporation by any officer or agent of the Corporation.

Section 4: Investments. The funds of the Corporation may be retained in whole or in part in cash or be invested and reinvested on occasion in such property, real, personal, or otherwise, or stock, bonds, or other securities, as the Board of Directors in its sole discretion may deem desirable, without regard to the limitations, if any, now imposed or which may hereafter be imposed by law regarding such investments, and which are permitted to organizations exempt from Federal income taxation under Section 501 (c) (3) of the Internal Revenue Code.

<u>Section 5: Corporate Loans</u>. No loans shall be contracted on behalf of the Corporation, and no evidences of indebtedness shall be issued in the Corporation's name, unless authorized by a resolution of the Board. Such authority may be general or confined to specific instances.

ARTICLE 11: AMENDMENT OF BYLAWS

The Board shall have the power and authority to alter, amend or repeal these Bylaws by the vote of a majority of all the members of the Board.

The above Bylaws of the Corporation were adopted by the Board effective as of March, 2010.

Kathy Pleasant, Secretary



Going Places. Going Strong.

Dress for Success Louisville 309 Guthrie Street Louisville KY 40202 (502) 584-8050 www.dressforsuccess.org/louisville

2014 BOARD LIST

Tammy Motley

Labor Relations Manager Kentucky District 500 Gest Street Cincinnati, OH 45203-1717 Office: (513) 519-1070 tlmotley@ups.com tammy.motley@insightbb.com **Member Since: February 2011**

Colleen Beach, Secretary 4400 River Hill Lane Louisville, KY 40207 Phone: (502) 891-0221 Cell: (502) 263-9366

cbeach55@insightbb.com Member Since: March 2012

Sharon Bond, Treasurer Sharon M. Bond Chief, Planning Branch Louisville District Corps of Engineers Phone: (502) 315-6857 Cell: (502) 640-2010 Fax: (502-315-6864 marline223@insightbb.com Member Since: January 2011





Kim Blanding

Norton Healthcare Director Talent Acquistion 224 East Broadway Louisville, KY 40241 Office: (502) 629-3679 Phone: (502) 619-9455 kim.blanding@northonhealthcare.org adamblanding@yahoo.com **Member Since: February 2012**

Katherine Bell

Stites & Harbison, PLLC 202 S. Sherrin Ave Louisville, KY 40207 Office: (502) 681-0443 Fax: (502) 560-5375 Cell: (502) 494-6370 kabell@stites.com Member Since: March 2013





Mary-Gwynne Dougherty, SPHR

Vice President, Human Resources Metro United Way 334 East Broadway Louisville, KY 40202 Cell: 502-457-4327 Office: 502-292-6105 <u>Marygwynne.dougherty@metrounitedway.org</u> Member Since: March 2013



Beth Dlutowski Cell: (479) 270-4974 Office: (502) 244-2732 bdlutowski@hotmail.com Member Since: April 2011



Chris Fulkerson President, VIP Studio – Visual Impact & Presence 1505 Sable Wing Circle Louisville, KY 40223 Office: (502) 939-6000 caf59@aol.com Member Since: January 2011



Karen Hall NU SKIN Independent Distributor Emerald Executive 1515 Cold Spring Road Anchorage, KY 40223 Office: (502) 592-9495 khallsway@aol.com Member Since: January 2012



Dana J. Johnson

Director, Community Relations Churchill Downs 700 Central Avenue Louisville, KY 40208 Office: (502) 636-4506 Fax: (502) 636-4548 Dana.Johnson@kyderby.com Djohnson915@gmail.com **Member Since: September 2011**



Lisa Lewellen

Vice President, Humana Service Operations Humana Waterside Building 101 E Main Street 12th Floor Louisville, KY 40202 Office: (502) 580-4595 Fax: (502) 508-4595 Ilewellen@humana.com Ilewellen21@yahoo.com **Member Since: April 2009**



Katherine McKune Tachau Meek PLC 3600 National City Tower

101 S. Fifth Street Louisville, KY 40202 Office: (502) 238-9904 <u>kmckune@tachaulaw.com</u> Member Since: March 2013

Jenny L. Powers

Manager/ Business Tax Services Ernst & Young LLP 400 West Market Street – Suite 2400 Louisville, KY 40202 Cell: (502) 417-2041 Office: (502) 585-1400 Jenny.powers@ey.com Member Since: August 2013





Pamela Ross

7807 Kenbrook Place Louisville, KY 40258 Cell: (502) 310-8460 Office: (855) 446-2777 pamela@go2sss.com Member Since: May 2013

Juanita Sands Louisville Urban League 1535 W. Broadway Louisville, KY 40203 Office: (502) 566-3370 Fax: (502) 561-6835 jsands@lul.org Member Since: May 2012

Pam Sheehan

Assistant Controller US World Meds, LLC 4010 Dupont Circle, Suite L-07 Louisville, KY 40207 Cell: (502) 439-8602 Office: (502)714-7812 Home: (502) 452-1847 psheehan@usworldmeds.com pssheehan1@aol.com Member Since: January 2011

Eva Smith

Executive Sales Operations Coordinator Education Associates, Inc. PO Box 23308 Louisville, KY 40223 Cell: (502) 396-0989 Home: (502) 333-0878 Phone: (800) 626-2950 Fax (502) 244-9144 edare0989@gmail.com Member Since: May 2013









Dress For Success Louisville Staff Members

Betty J. Fox

Executive Director 309 & 317-A Guthrie St. Louisville, KY 40202 Office: (502) 584-8050/584-0201 ex. 102 Cell: (502) 644-6897 <u>betty@dfslou.org</u> <u>bfox@pcclouisville.com</u>



Valerie Daugherty

Program Director 309 & 317-A Guthrie St. Louisville, KY 40202 Office: 502-584-8050 Cell: 502-631-0334 Valerie@dfslou.org

Kimberly Reisser Boutique Coordinator 309 & 317-A Guthrie St. Louisville, KY 40202 Office: 502-584-8050 Cell: 502-819-8656 reisser@dfslou.org







* ⁶

DEPARTMENT OF THE TREASURY

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

Date: MAR 292006

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

ID# 31210

DRESS FOR SUCCESS LOUISVILLE INC 309 GUTHRIE ST LOUISVILLE, KY 40202-0000

Dear Applicant:

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 9. Lerner Director, Exempt Organizations Rulings and Agreements

Letter 1050 (DO/CG)

Dress for Success Louisville

	12/12/2013											
	Approved	Bu	dget 2014									
INCOME												
		\$	25,500.00									
		\$	152,000.00									
	GRANTS	r \$	98,400.00									
	INVENTORY SALES	\$	15,000.00									
	CONTRIBUTION INCOME	\$	290,900.00									
	INKIND											
	Donated Product	\$	100,000.00									
	Donated Services	\$	-									
	Total Inkind	\$	100,000.00									
TOTAL INC	OME	\$	390,900.00									
IUTAL INC	LOME	4	330,300.00	% Admin			%					
Expense				Management	Ad	min/Management	Fundraising	F	undraising	% Programs		Pro
	SALARIES	\$	132,108.00	12%	\$	15,852.96	13%	\$	17,174.04	75%		
	PAYROLL EXPENSES	\$	14,531.88	12%	\$	1,743.83	13%	\$	1,889.14	75%	\$	
	BENEFITS	\$	6,654.00	12%	\$	798.48	13%		865.02	75%	\$	
	RENT	\$	25,000.00	12%	\$	3,000.00	13%	\$	3,250.00	75%	\$	
	TELEPHONE	\$	4,000.00	12%	\$	400.00	13%	\$	520.00	75%	\$	
	IT TECHNOLOGY/EQUIP	\$	3,500.00	5%		175.00	5%	\$	175.00	90%		
	TRAVEL	\$	6,600.00	15%	\$	990.00	5%	\$	330.00	80%		
	CONFERENCES/MEETINGS/V	\$	25,000.00	5%	I .	1,250.00	5%	\$	1,250.00	90%		
	POSTAGE	\$	1,200.00	15%	\$	180.00	35%		420.00	55%	\$	
	PRINTING & PUBLICATIONS	\$	3,000.00	2%	1	150.00	3%	\$	90.00	95% 70%	\$	
	INSURANCE/LIABILITY	\$	4,160.00	15%	1	624.00	15%		624.00	70%		
	OFFICE SUPPLIES	\$	3,500.00	15%		525.00	5%		175.00	80% 0%		
	FUNDRAISING	\$	32,250.00	5%		1,612.50	95%		30,637.50	85%	\$ \$	
	TRANSPORTATION	\$	1,500.00	10%		150.00	5%	\$	75.00 200.00	85%		
	VOLUNTEERS	\$	2,000.00	5%	1 ·	100.00	10%		318.20	85%		
	MISCELLANEOUS	\$	6,364.00	10%		636.40	5%		1,082.50	80%	1	
	SUPPORT SERVICES	\$	10,825.00	10%		1,082.50	10% 0%		1,062.50	100%	1	-
	PRODUCT DISTRIBUTED	\$	100,000.00	0%		-	070	.₽ \$	59,075.40	10070	\$	
Total Exp	ense	\$	382,192.88		\$	29,270.67						<u> </u>
Total Cas	h Expenses	\$	282,192.88		\$	29,270.67		\$	59,075.40	<u> </u>	\$!
Net Reve	nue/(Deficit)	\$	8,707.12									
Net Reve	nue/(Deficit)-Cash	\$	8,707.12							770/		
Percentag	ge			8%	b		15%			77%	<u> </u>	

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)0,000.00	
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3,916.81	
100%	

Business Lartners

SUCCESS PARTNERS/ IN-KIND DONATIONS

COMMUNITY PARTNERS

KEY: \$ Cash 📥 Clothing 🔂 Facilities 🏾 Product 🛇 Time

Amazon Fulfillment Center (formerly known as Zappos) 🗎 BB & T Lighthouse Project 🔬 🛇 🗎 Bobbie Brown 🗋 Brighton Handbags Combined Federal Campaign \$ Curves of Floyd County $\bigcirc \widehat{\frown}$ Churchill Downs \$ 🛇 🗋 🕅 Delta Dental of Kentucky 🗍 Dillard's 🖂 🗋 Dr. Bizers Vision World Dress Barn 🖂 Empire Beauty School Erica J. Holloman Foundation 🗍 Fackler Commercial Roofing \$ Fifth Third Bank \$ 🛇 Galt House Hotel & Suites 🗋 Heyman Talent 🛇 Hope for Scarves J. Michael's Spa & Salon 🛇 🗋 Julia & Bill Carstanjen \$ 🛇 🗋 🔂 Karen & Steve Hall \$ 🖄 🛇 🗋 😭 Kroger 🗍 lia Sophia 🗋 Lisa Lewellen \$ 🖄 🛇 🗋 🔂 Mall St. Matthews 🛇 😭 NFocus, Fashion for a Fraction \$ Natural Resource **Network of Entrepreneurial Women** (N.E.W.) \$ 🖂 🛇 Norton Healthcare \$ 🖂 🛇 🗋 🗟 Publishers Printing 🛇 🗍 Semonin Realtors \$ 🛇 Sam Meyers 🖂 🕅 St. Matthews Police Department 🛇 Texas Roadhouse \$ Thirty-One Gifts 🗋 Today's Woman 🛇 **United Graphics** University of Louisville 🛇 UPS \$ VIP Studio \$ 🖂 🛇 🛱 Voice Tribune 🛇 Walmart \$

Power of Work/Goodwill Industries of KY Hotel Louisville Louisville Urban League New Albany Floyd County Library New Albany Housing Authority Presbyterian Community Center C

We apologize in advance to any donors or partners whose names may have been left off the list.

CORPORATIONS, FOUNDATIONS, GRANTS

Glass Slipper Society Honorable Order of Kentucky Colonels Horseshoe Foundation of Floyd County Humana Foundation Kia Motors Kindred Healthcare Louisville Metro Government Macy's Norton Healthcare Owsley Brown Foundation PNC Bank Sisters of Charity of Nazareth The Kia Store, Shelbyville Road Walmart Foundation

STAFF

Betty Fox, *Executive Director* **Valerie Daugherty**, *Program and Workforce Development Director*

Kim Reisser, Boutique Coordinator

Rose Stephens, Financial Assistant Doris Garvin, PWG Coordinator Janet Greider, Volunteer Coordinator

OUR LOCATION

Dress for Success Louisville 317 Guthrie Street Louisville, Ky 40202 502-584-8050-/502-584-8055 dressforsuccess.org/Louisville

BOARD MEMBERS

Lisa Lewellen, Board Chair Colleen Beach, Secretary Sharon M. Bond, Treasurer Katherine Bell **Kim Blanding Beth Dlutowski** Mary-Gwynne Dougherty, SPHR Jeanne Marie Freibert **Chris Fulkerson** Karen Hall Dana J. Johnson Katherine McKune Tammy Motley Jenny L. Powers Susan Rose Pamela Ross Juanita Sands Pam Sheehan Eva Smith

ADVISORY COUNCIL

Carolle Jones Clay Marian Clines Katy Collis Laura Douglas Marcia Fackler Katie Gilchrist Judge Paula Sherlock Deborah Benberry Williams Whitney Watt



DRESSFORSUCCESS* LOUISVILLE

Going Places. Going Strong.

Financial Itatistics & Program Demographics

Statement of Activity Financials for 2013

Source of Income Corporations, Foundations & Grants		Income \$24,688
Individual Donations		\$22,901
Release from Restrictions		\$92,494
Government		\$8,500
Special Events		\$164,949
Inventory Clearance Sale		\$5,259
In-kind Donations		\$125,000
Interest Income		\$289
Total:		\$444,0181
Expenses	an an an an an an an an an an an an an a	
Program		\$298,744
Administrative		\$29,736
Fundraising		\$43,750
Total:		\$382,230

Dress for Success Louisville Statement of Financial Position As of December 31, 2013

Assets:	
Current Assets	
Bank Accounts	\$139,272
Inventory	\$69,590
Furniture & Fixtures	
Total Assets	\$289,181
Liabilities Accounts Payable Total Liabilities	\$1,663 \$1,663
Net Assets	
Unrestricted	\$269,768
Temporary Restricted	\$17,750
Total Net Assets	\$287,518
Total:	5289,181

Age



Race



Jefferson Other * **Education Level** 3% 8% 6% 12% 17% 48% 14% 18%

High/GED Some College Some High School **Bachelors/Higher** Associate Degree



Counties Served

Less than \$10K Less than \$20K Less than \$30K More than \$30K

* Dress for Success Louisville serves 14 counties: Jefferson, Oldham, Bullitt, Spencer, Shelby, Nelson, Meade, Trimble, Floyd, Clark, Washington, and Harrison

Number of Children



Total



"Dress for Success Louisville means everything to me! They taught me that no matter the obstacle, success is ALWAYS possible!" ~ Danielle, Client

Volunteerism

Volunteers are an integral part of our success with Dress for Success Louisville. Hundreds of volunteers contributed nearly 6,000 hours of service in 2013 to make our programs work. They gave career guidance, served as wardrobe consultants, sorted donated merchandise, conducted soft skills and basic computer training, and organized our boutique and career center. Our volunteers also helped with various events including our Signature Gals & Guys Hats & Ties Silent Auction & Fashion Show Fundraiser, held in the spring, and the Suit and Salad Luncheon, held in the fall.

"Volunteering at Dress for Success Louisville is the most rewarding thing I have ever done in my life. These women come in feeling one way and leave feeling like a million bucks. They leave with a suit, blouse, accessories, purse, shoes, hosiery and so much more, and it's all donated! They are transformed words to express the excitement on their faces and the immediate boost of confidence they show after being suited for success. Then they get their resume checked and practice interviewing. I will do anything for this amazing organization, it feels so good just being inneie'

~ Ann, Boutique Volunteer

Accomplishments:

Numerous awards received, including:

- Transitioning Partners, Partner of the Year
- Worldwide Conference, Compass Award (Going Places Network by Walmart)
- SIGN-A-RAMA, Service to Community Award
- Kentuckiana Works Power of Work, Essential Piece Award
- Overall Snapcard Affiliate Rating: #1

Grants Awards helped Dress for Success Louisville promote and strengthen programs, partnerships and funding.

Outfitted 1,467 women with confidence, hope and a renewed spirit!

Received a \$50,000 grant from Walmart State Giving and a first-time award from Metro Government to support our career readiness training and workforce retention programs.

Received, for three years in a row, Walmart funding to support our Going Places Network by Walmart program. Out of 140 affiliates worldwide, Dress for Success Louisville is one of 60 that received this funding.

Established new partnerships with agencies that focus on our veterans, as well as those with disabilities.

Board Recognition:

Board Chair, Lisa Lewellen, received the Honorable Order of Kentucky Colonels Award, and a Proclamation from Mayor Greg Fischer, for her community service.

Dana Johnson helped to establish our new Gals & Guys Hats & Ties spring signature event at Churchill Downs.

Jeanne Freibert created our new dining out series, Dine for Success, to increase revenues to support our mission.

Karen Hall has led the organization through three amazing years of a successful Suit and Salad fundraiser. Over the past three years, the event has generated over \$300K.



I continue to work with Dress for Success Louisville because I can see the difference they make in people's lives. That's all I really want to do. Make a difference. If anything I know I have made a difference in my kid's lives because they have a momma now that they can trust and rely on. That's a great feeling.

~Rebecca, Client

Annual Report 201



Going Places. Going Strong.

A Message from our Executive Director

"Helping Women to Build a More Secure Life, More Stable Family and Stronger Ties to Her Community"

Dress for Success Louisville is a non-profit organization that promotes the economic independence of disadvantaged women by providing professional attire, a network of support and the career development tools to help women thrive in work and in life. Since starting operations in 2000, Dress for Success Louisville has helped nearly 15,000 women work towards self-sufficiency.

Dress for Success Louisville addresses every phase of a woman's career—from being unemployed and searching, to recently employed and adjusting to gainfully employed and succeeding. The programs offered are diverse, impactful, and life-changing! Dress for Success Louisville also offers Financial Literacy education and promotes a Health and Wellness initiative to help our women thrive at work, home, and in life.

We give her a suit, just right for the interview, but more importantly, we suit her from the "inside-out" by immediately serving her a generous portion of confidence, belonging, and hope to help her on her life's journey. The women we serve come to us from a variety of circumstances. They are survivors of domestic violence, recovering from addiction, living in homeless shelters or simply transitioning back to work.

It is the career development and employment retention programs and services that are the cornerstone of Dress for Success Louisville. Each woman experiences this in the Career Center the very first day she walks through our doors.

The Going Places Network Program by Walmart and Professional Women's Group (PWG) programs focus on career readiness and retention respectively. The programs help women gain skills to be competitive in today's job market. Industry leaders teach valuable tools and tactics, and during weekly or monthly sessions, women are provided with hands-on applications.

Those involved in our PWG are provided the opportunity to network and share challenges they experience in the workplace. We help these "nonchalant spenders" turn into budget-conscious breadwinners through our Financial Literacy Program by educating them on the most effective ways to save and manage their money to maintain a financially prosperous life.

This Annual Report will enlighten you on our accomplishments and the important work we do to make a difference in the lives of each woman we serve. We want you to be inspired, as I am, by the courage, strength and tenacity of our clients, the tireless spirit of our volunteers and the big-heartedness of our supporters.

Betty & Joy

Betty J. Fox, Executive Director



Smith, Chanelle Emily

From:	Woolridge, Mary
Sent:	Tuesday, March 25, 2014 3:42 PM
То:	Ott, Stephen; Smith, Chanelle Emily
Cc:	Brown, Sharron
Subject:	Permission to sign for grant

Sharron has permission to sign NDF GRANT to Dress for Success in the amount of \$500.

Please always copy my Legislative Assistant <u>sharron.brown@louisvilleky.gov</u> on emails to me.

Mary C Woolridge Councilwoman District 3 601 W. Jefferson St. 3rd Floor City Hall Louisville, KY 40202

Phone 502 574-1103 Fax 502 574-3504 .

p.2

DRESS FOR SUCCESS LOUISVILLE, INC.

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	5/28/2013
Principal Office	309 Guthrie Street
	LOUISVILLE, KY 40202

LUCY M. HESKINS 400 W. MARKET ST.

LOUISVILLE, KY 40202

SUITE 1800

Registered Agent

Current Officers

Chairman	<u>LISA A. LEVELLEN</u>
Secretary	<u>colleen beach</u>
Treasurer	<u>SUSAN ROSE</u>
Director	<u>MARY JO BEAN</u>
Director	pam sheehan
Director	pam ross
Director	<u>juanita sands</u>
Director	tammy motley

Individuals / Entities listed at time of formation

Director	<u>SHANNON WHITE</u>
Director	MARCIA FACHLER
Director	IOYCE PARRISH
Incorporator	<u>PATRICK R. NORTHAM</u>

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	5/28/2013	1 page	tiff	PDF
Annual Report	9/10/2012	1 page	<u>tiff</u>	PDF
Annual Report	4/6/2011	1 page	<u>tiff</u>	PDF
Annual Report	3/5/2010	1 page	PDF	

https://app.sos.ky.gov/ftshow/(S(5dwqvdoomr40b4wdchbpizc3))/default.aspx?path=ftsearch&id=0509931&ct=09&cs=99999

4 	Dress for Success		502-584-	8055	p.3
4/21/2014		Welcome to Fasttrack Or	ganization Search		
I	Annual Report	8/6/2009	2 pages	tiff	PDF
	Annual Report	5/22/2008	1 page	tiff	PDF
	<u>Registered Agent</u> 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	<u>PDF</u>
	Annual Report	2/5/2006	1 page	<u>PDF</u>	
	Annual Report	9/2/2005	1 page	PDF	
	Statement of Change	1/13/2005	1 page	<u>tiff</u>	PDF
	Statement of Change	8/12/2004	1 page	tiff	PDF
	Annual Report	5/5/2003	1 page	<u>tiff</u>	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	j	File Date	Effective Date	Org. Referenced
	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	teport	8/6/2009 11:50:52 AM	8/6/2009	
*	Annual	report	5/22/2008 9:18:26 AM	5/22/2008	
	Register	ed agent address change	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	
	Registe	red agent address change	2/20/2007 8:23:26 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	
	Registe	red agent address change	1/13/2005 10:55:54 AM	1/13/2005	
	-		8/12/2004		
	Registe	red agent address change	1:53:57 PM	8/12/2004	
	Principa	l office change	4/14/2004 12:54:51 PM	4/14/2004	
	Principa	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

https://app.sos.ky.gov/ftshow/(S(5dwqvdpormr40b4wdchbpizc3))/default.aspx?path=ftsearch&id=0509931&ct=09&cs=99999

p.4

4/21/2014

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Welcome to Fasttrack Organization Search

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

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