

Received 4.21.14 @ 11:18am

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

**Applicant/Program:** Access for Business Show.

**Executive Summary of Request:**  
5K Power Walk on Saturday April 19, 2014  
at Shawnee Park.  
To promote economic independence &  
disadvantage young women.  
Metro Wide Participation.

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

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

5 Chris B. Hamilton 1500.<sup>00</sup> \_\_\_\_\_  
Appropriation # Primary Sponsor Signature Amount Date

**Primary Sponsor Disclosure**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Appropriations Committee Chairman Date

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

OFFICE OF METRO COUNCIL CLERK  
REVIEWED

DATE 4.22.14 TIME 11:34am

**Applicant/Program:**

**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.

<u>4</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$2,500.00</u> Amount	<u>3-13-14</u> Date
<u>6</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$500.00</u> Amount	<u>3-25-14</u> Date
<u>3</u> District #	<u>Mary C. Woolridge</u> Council Member Signature	<u>\$500.00</u> Amount	<u>3-25-14</u> Date
<u>5</u> District #	<u>[Signature]</u> Council Member Signature	<u>1,500.00</u> Amount	<u>4-10-14</u> Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date



## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> <i>Dress for Success Louisville, Inc.</i>		
Program Name:	Request Amount:	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		✓
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		✓
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		✓
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		✓
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		✓
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		✓
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		✓
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		✓
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		✓
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		✓
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		✓
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		✓
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		✓
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		✓
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		✓
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		✓
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		✓
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		✓
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		✓
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		✓
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		✓
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		✓
<b>Rent Requests:</b> Is a copy of signed lease included?		✓
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		✓
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		✓
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		✓
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		✓
<b>Prepared by:</b>		<b>Date:</b>





# LOUISVILLE METRO COUNCIL



## NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 1 - APPLICANT INFORMATION

**Legal Name of Applicant Organization:**  
(as listed on: <http://www.sos.ky.gov/business/records/>) *Dress for Success Louisville, Inc.*

**Main Office Street & Mailing Address:** *317 Guthrie Street, Louisville, Ky 40202*

**Website:** *www.dressforsuccess.org/louisville*

<b>Application Contact:</b> <i>Betty J. Fox</i>	<b>Title:</b> <i>Executive Director</i>
<b>Phone:</b> <i>502-584-8050</i>	<b>Email:</b> <i>betty@dfslo.org</i>
<b>Financial Contact:</b> <i>Valerie Daugherty</i>	<b>Title:</b> <i>Program &amp; Workforce Development Director</i>
<b>Phone:</b> <i>502-584-8050</i>	<b>Email:</b> <i>valerie@dfslo.org</i>

### GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

**Program Facility Location(s):** *Shawnee Park and Chickasaw*

**Council District(s):** *Five(5)*      **Zip Code(s):** *40202-40210,40211-40219,40220-40272,40258,40119*

### SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

**Program Name:** *Powerwalk*

**Total Request:** *\$ 5,000*      **Total Metro Award (this program) in previous year :** *\$ 0*

The following are required attachments:

- |                                                                                                |                                                                                   |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter                     | <input type="checkbox"/> Signed lease if rent costs are being requested           |
| <input checked="" type="checkbox"/> Current Year Projected Budget                              | <input checked="" type="checkbox"/> IRS Form W9                                   |
| <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)    | <input type="checkbox"/> Evaluation forms if used in the proposed program         |
| <input checked="" type="checkbox"/> Current financial statement                                | <input type="checkbox"/> Annual audit (if required by organization)               |
| <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H                         | <input type="checkbox"/> Faith Based Organization Certification Form, if required |
| <input checked="" type="checkbox"/> Articles of Incorporation                                  | <input checked="" type="checkbox"/> Staff including the 3 highest paid staff      |
| <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense |                                                                                   |

**Agency Fiscal Yr Start Date:** *January 1*

**For the current fiscal year ending June 30,** list all funds received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

<b>Source:</b> <i>Metro Government</i>	<b>Amount:</b> <i>\$ 17,000</i>
<b>Source:</b>	<b>Amount:</b> <i>\$</i>
<b>Source:</b>	<b>Amount:</b> <i>\$</i>

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 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization.

<b>Signature of Legal Signatory:</b> <i>Betty J. Fox</i>	<b>Date:</b> <i>3/5/2014</i>
<b>Legal Signatory (please print):</b> <i>Betty J. Fox</i>	<b>Title:</b> <i>Executive Director</i>
<b>Phone:</b> <i>502-584-8050</i> <b>Extension:</b>	<b>Email:</b> <i>betty@dfslo.org</i>

## 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 need 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 Demonstrations: 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 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, 3rd place teams)(Award Center)\$ 60

Individual Trophy (1st, 2nd, and 3rd place Walkers) (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.

**SECTION 6 - PROGRAM BUDGET SUMMARY**

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	Column 2*	Column 3
	Proposed Metro Funds	Non-Metro Funds	Total Program Cost
<b>A: Personnel Costs Including Benefits</b>	0	0	0
<b>B: Rent/Utilities</b>	0	0	0
<b>C: Office Supplies</b>	0	0	0
<b>D: Telephone</b>	0	0	0
<b>E: In-town Travel</b>	0	0	0
<b>F: Client Assistance (Attach Detailed List)</b>	0	0	0
<b>G: Professional Service Contracts</b>	0	0	0
<b>H: Program Materials</b>	0	150	150
<b>I: Community Events &amp; Festivals (Attach Detailed List)</b>	5000	5000	10,000
<b>J: Machinery &amp; Equipment</b>	0	0	0
<b>K: Capital Project</b>	0	0	0
<b>L: Other Expenses (Attach Detail List)</b>	0	300	300
<b>SUBTOTAL</b>	<b>5000</b>	<b>5450</b>	<b>10450</b>
% 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
<b>Total Program Funds</b>	<b>\$5,000</b>	<b>5450</b>	<b>\$10,450</b>

\*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
<b>Total Revenues</b>	<b>5450</b>

**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
<b>Total Value of In-Kind</b> <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       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

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Dress for Success Louisville, Inc.</b>	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-Profit 501C3</b>	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.) <b>317 Guthrie Street</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Louisville, KY 40202</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
6	1	-	1	3	8	3	5	6

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>3/5/2014</u>
------------------	----------------------------	------------------------

### 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](http://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

withholding tax on foreign partners' share of effectively connected 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 is a foreign person, the owner must complete an appropriate 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.

**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)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Dress For Success Louisville, Inc.  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
309 Guthrie Street  
 City, town or post office, state, and ZIP code  
Louisville KY 40202

**D** Employer identification number  
61-1383568

**E** Telephone number  
502-584-8050

**G** Gross receipts \$ 542,031

**F** Name and address of principal officer:  
 \_\_\_\_\_  
 \_\_\_\_\_

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.dressforsuccess.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ AFFILIATE **L** Year of formation: 2000 **M** State of legal domicile: KY

**H(c)** Group exemption number ▶ \_\_\_\_\_

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The mission of Dress for Success 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 in life.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	19
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	19
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	<b>5</b>	5
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 363,595	Current Year 428,423
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	702	200
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	102,538	92,888
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	466,835	521,511
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	100,042	110,615
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>14,964</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	60,837	217,500
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	160,879	328,115	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	305,956	193,396	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year 126,390	End of Year 322,520
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	3,625	4,359
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	122,765	318,161

**Part II Signature Block**

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

**Sign Here** ▶ Betty J Fox Signature of officer Date 11-13-2013  
 ▶ Betty J Fox Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <u>TONI LEVY, CPA</u>	Preparer's signature <u>TONI LEVY, CPA</u>	Date <u>11/8/2013</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P01232685</u>
Firm's name ▶ <u>TONI LEVY &amp; ASSOCIATES, INC</u>		Firm's EIN ▶ <u>61-1397099</u>		
Firm's address ▶ <u>1608 WEST BROADWAY, STE 100, LOUISVILLE, KY 40203</u>		Phone no. <u>502-566-3030</u>		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No



Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

Input box for Schedule O response

1 Briefly describe the organization's mission: The mission of Dress for Success 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 in life.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 127,157 including grants of \$ 8,234 ) (Revenue \$ 13,515 ) The Going Places Network Program provides job skill readiness training and makes available professional clothing attire to economically disadvantage women.

4b (Code: ) (Expenses \$ 7,715 including grants of \$ ) (Revenue \$ 4,224 ) The Professional Women's Group is dedicated to ensuring on-going success for clients of Dress for Success Louisville after clients have successfully become employed. The program provides workshops on various topics, that includes financial literacy Program and maintaining work/life balance, ect.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 134,872

**Part IV 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)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
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 . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	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? If "Yes," complete Schedule D, Part VII . . . . .		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? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 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 . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various IRS forms like 990-T, 8886-T, 8282, 8899, 1098-C, 4966, 501(c)(7), 501(c)(12), 4947(a)(1), and 501(c)(29).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b 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?... 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?... 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 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? a The organization's CEO, Executive Director, or top management official. 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 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 the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O) 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. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DRESS FOR SUCCESS LOUISVILLE 502-584-8050 309 GUTHRIE STREET, LOUISVILLE, KY 40202

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lisa Lewellen Chair of the Board	3.00			X				0	0	0
(2) Colleen Beach Secretary	3.00			X				0	0	0
(3) Susan Rose Treasurer	2.00			X				0	0	0
(4) Betty Fox Executive Director	40.00					X	52,884	0	3,000	
(5) Katherine Bell Board Member	0.50						0	0	0	
(6) Kim Blanding Board Member	0.50						0	0	0	
(7) Sharon Bond Board Member	0.50						0	0	0	
(8) Beth Dlutowski Board Member	0.50						0	0	0	
(9) Mary-Gwynne Dougherty, SPHR Board Member	0.50						0	0	0	
(10) Jeanne Marie Freibert Board Member	1.00						0	0	0	
(11) Chris Fulkerson Board Member	1.00						0	0	0	
(12) Karen Hall Board Member	0.50						0	0	0	
(13) Dana J. Johnson Board Member	0.50						0	0	0	
(14) Katherine McKune Board Member	0.50						0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Tammy Motley Board Member	0.50						0	0	0	
(16) Pamela Ross Board Member	0.50						0	0	0	
(17) Juanita Sands Board Member	0.50						0	0	0	
(18) Pam Sheehan Board Member	1.00						0	0	0	
(19) Eva Smith Board Member	0.50						0	0	0	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							52,884	0	3,000	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							52,884	0	3,000	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	1,402				
	b	Membership dues . . . . .	1b	0				
	c	Fundraising events . . . . .	1c	8,437				
	d	Related organizations . . . . .	1d	0				
	e	Government grants (contributions) . . . . .	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	418,584				
	g	Noncash contributions included in lines 1a-1f: \$		241,831				
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		428,423				
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue . . . . .		0				
g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		200				
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶		0				
	5	Royalties . . . . . ▶		0				
	6a	Gross rents . . . . .	(i) Real      (ii) Personal					
					0	0		
						0		
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities      (ii) Other					
	b	Less: cost or other basis and sales expenses . . . . .			0	0		
	c	Gain or (loss) . . . . .			0	0		
	d	Net gain or (loss) . . . . . ▶			0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	113,408				
	b	Less: direct expenses . . . . .	b	20,520				
	c	Net income or (loss) from fundraising events . . . . . ▶		92,888				
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a	0				
b	Less: direct expenses . . . . .	b	0					
c	Net income or (loss) from gaming activities . . . . . ▶		0					
10a	Gross sales of inventory, less returns and allowances . . . . .	a	0					
b	Less: cost of goods sold . . . . .	b	0					
c	Net income or (loss) from sales of inventory . . . . . ▶		0					
Miscellaneous Revenue			Business Code					
11a				0				
b				0				
c				0				
d	All other revenue . . . . .		0					
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0					
12	<b>Total revenue.</b> See instructions . . . . . ▶		521,511	0	0			



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	52,885	39,663	10,577	2,645
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	2,207
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	5,145	3,859	772	514
10	Payroll taxes	8,446	6,334	1,267	845
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	1,800	1,350	270	180
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,142	6,857	1,371	914
12	Advertising and promotion	125	125		
13	Office expenses	12,983	9,737	1,948	1,298
14	Information technology	4,481	3,361	672	448
15	Royalties	0			
16	Occupancy	19,600	14,700	2,940	1,960
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,789	2,842	568	379
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,815	5,730	2,204	881
23	Insurance	2,374	1,781	356	237
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.)				
a	PROGRAM GOING PLACES	127,157	127,157		
b	PROGRAM SERVICES PWG	7,715	7,715		
c	MISCELLANEOUS - FUND RAISER	2,456			2,456
d	PROGRAM SERVICES - SPECIAL EVENTS	16,542	16,542		
e	All other expenses REPAIR AND MAINT	521	521		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	328,115	281,378	31,773	14,960
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X. X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	118,604	<b>1</b>	195,378
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	6,527	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	750	<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	46,823
	<b>9</b> Prepaid expenses and deferred charges . . . . .	509	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	89,634		
	<b>b</b> Less: accumulated depreciation . . . . .	9,315	<b>10c</b>	80,319
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	128,390	<b>16</b>	322,520	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,625	<b>17</b>	4,359
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,625	<b>26</b>	4,359
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	124,765	<b>32</b>	318,161
<b>33</b> Total net assets or fund balances . . . . .	124,765	<b>33</b>	318,161	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	128,390	<b>34</b>	322,520	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	521,511
2	Total expenses (must equal Part IX, column (A), line 25)	2	328,115
3	Revenue less expenses. Subtract line 2 from line 1	3	193,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	124,765
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	318,161

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a 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

b Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return <b>Dress For Success Louisville, Inc.</b>	Business or activity to which this form relates <b>990</b>	Identifying number <b>61-1383568</b>
----------------------------------------------------------------------	---------------------------------------------------------------	-----------------------------------------

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	46,654
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6 (a) Description of property      (b) Cost (business use only)      (c) Elected cost		
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8 C
9 Tentative deduction. Enter the smaller of line 5 or line 8		9 C
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562.		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12 C
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12		13 0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		46,654	7	HY	200DB	6,66
c 7-year property						
d 10-year property		40,480	15	HY	S/L	1,34
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	21	8
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,8
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: computer 6/1/2011 100.00% 2,500 2,500 5 200DB - HY 800 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 800 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2012 tax year (see instructions) 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Dress For Success Louisville, Inc.

Employer identification number

61-1383568

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(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 organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>0</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	191,318	141,592	185,219	228,380	171,922	918,431
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	191,318	141,592	185,219	228,380	171,922	918,431
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						918,431

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	191,318	141,592	185,219	228,380	171,922	918,431
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				608	200	808
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	380					380
<b>11 Total support.</b> Add lines 7 through 10						919,619
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.87%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	99.80%
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) - 0.00%. Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 - 0.00%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) - 0.00%. Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 - 0.00%.

- 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

Dress For Success Louisville, Inc.

61-1383568

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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).

Name of organization Dress For Success Louisville, Inc. Employer identification number 61-1383568

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WAL-MART LOUISVILLE KY Foreign State or Province: Foreign Country:	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	TEXAS ROAD HOUSE LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 2,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE GLASS SLIPPER SOCIETY 680 SOUTH FOURTH STREET LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SCN PO BOX 172 LOUISVILLE KY 40048 Foreign State or Province: Foreign Country:	\$ 8,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	PNC LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	HUMANA 600 WEST MAIN STREET LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Dress For Success Louisville, Inc.

Employer identification number

61-1383568

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UPS ----- LOUISVILLE KY Foreign State or Province: ----- Foreign Country: -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	OWSLEY BROWN FOUNDATION ----- LOUISVILLE KY Foreign State or Province: ----- Foreign Country: -----	\$ 4,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	HONORABLE ORDER OF KENTUCKY COLONELS ----- LOUISVILLE KY Foreign State or Province: ----- Foreign Country: -----	\$ 8,235	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CRALLE FOUNDATION ----- LOUISVILLE KY Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Dress For Success Louisville, Inc.	Employer identification number 61-1383568
------------------------------------------------------------	----------------------------------------------

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FLOORING ----- ----- -----	\$ 6,000	1/1/2012
	OFFICE FURNITURE ----- ----- -----	\$ 15,000	1/1/2012
	CLOTHING RACKS ----- ----- -----	\$ 20,000	1/1/2012
	FURNITURE - CHAIRS ----- ----- -----	\$ 6,000	1/1/2012
	CLOTHING JEWELRY HOSIERY ----- ----- -----	\$ 100,000	5/18/2012
	TOTES AND ACCESSORIES ----- ----- -----	\$ 22,500	11/15/2012

Name of organization Dress For Success Louisville, Inc.	Employer identification number 61-1383568
------------------------------------------------------------	----------------------------------------------

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ 0  
Use duplicate copies of Part III if additional 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 ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----
For. Prov. _____ Country _____	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization: **Dress For Success Louisville, Inc.** Employer identification number: **61-1383568**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
  - Preservation of land for public use (e.g., recreation or education)
  - Preservation of an historically important land area
  - Protection of natural habitat
  - Preservation of a certified historic structure
  - Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
  - (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
  - a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
  - b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             |        |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                | 0      |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     |    |
| (ii) related organizations  |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0	0	0
b Buildings	0	0	0	0
c Leasehold improvements	0	40,480	1,348	39,132
d Equipment	0	22,500	4,158	18,342
e Other	0	26,654	3,809	22,845
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>				80,319



**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e		0
3	Subtract line 2e from line 1 . . . . .	3		0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5		0

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e		0
3	Subtract line 2e from line 1 . . . . .	3		0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c		0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5		0

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIII** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

Dress For Success Louisville, Inc.

Employer identification number

61-1383568

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IN, KY

**Part II**

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

		(a) Event #1 SUIT AND SALAD (event type)	(b) Event #2  (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	113,408	0	113,408
	2	Less: Contributions . . . . .		0	0
	3	Gross income (line 1 minus line 2) . . . . .	113,408	0	113,408
Direct Expenses	4	Cash prizes . . . . .		0	0
	5	Noncash prizes . . . . .		0	0
	6	Rent/facility costs . . . . .		0	0
	7	Food and beverages . . . . .	18,159	0	18,159
	8	Entertainment . . . . .		0	0
	9	Other direct expenses . . . . .	2,361	0	2,361
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			20,520
	11	Net income summary. Combine line 3, column (d), and line 10 . . . . .			92,888

**Part III**

**Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 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))
Revenue	1	Gross revenue . . . . .			0
Direct Expenses	2	Cash prizes . . . . .			0
	3	Noncash prizes . . . . .			0
	4	Rent/facility costs . . . . .			0
	5	Other direct expenses . . . . .			0
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			0
	8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . .			0

- 9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No
- b If "No," explain: \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b 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 ▶ \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

▶ 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

Dress For Success Louisville, Inc.

61-1383568

**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 . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Clothing, Jewelry a )	X		130,197	Retail Value
26 Other ▶ ( Totes and Accessc )	X		24,500	Retail Value
27 Other ▶ ( Building rehabilitati )	X	20	86,464	Fair market value
28 Other ▶ ( Office Furniture )	X	1	670	Fair Market Value

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . . .

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.



**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

Dress For Success Louisville, Inc.

61-1383568

Form 990 Line 24A Total expenditures for the going places program consists of \$119,697 from

in-kind donations and \$7,460 for operating expense.

Form 990 Part V Section A Line 2 LISA LEWELLEN (BOARD CHAIR) AND MARCA FACKLER (BOARD MEMBER)

ARE SISTER-IN-LAWSS, AS ARE BOARD MEMBER LYNEE MUELLER AND MARY JO MUELLER.

Form 990 Part VI Section C Line 19 RELATIVE TO GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST

POLICIES, AND FINANCIAL STATEMENTS, THIS INFORMATION IS AVAILABLE UPON REQUEST OF THE PROGRAM

DIRECTOR OR EXECUTIVE DIRECTOR OF DRESS FOR SUCCESS LOUISVILLE.

Form 990 Part X Section ASSETS Line 10 PRIOR YEAR ADJUSTMENT TO RECLASSIFIED EXPENSE AS

CAPITAL EXPENDITURE. PER AUDITED FINANCIAL STATEMENTS - COPIER EXPENSED IN YEAR 2011,

CORRECTION MADE IN YEAR 2012 TO CAPATALIZED AND RECORD ASSOCIATED ACCUMULATED DEPRECIATION.

ASSET COST \$2500 ACCUMULATED DEPRECIATION \$500 AND RESULTED TO A \$2000 ADJUSTMENT TO RETAINED

EARNINGS.

Name of the organization

Employer identification number

Dress For Success Louisville, Inc.

61-1383568

Area with horizontal dashed lines for supplemental information.

**Form 4562 Statement - 990**

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	Convention Code	Prior Accum. Deprec. 179, Bonus	2012 Deprec.	2012 Accum. Deprec.
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**Depreciation Detail**

3	OFFICE FURNITURE D	1/1/2012	F-11	100.00%	26,654	0	0	0	0	26,654	7	200DB	HY	0	3,809	3,809
4	CLOTHING RACKS DO	1/1/2012	F-10	100.00%	20,000	0	0	0	0	20,000	7	200DB	HY	0	2,858	2,858
<b>Total GDS 7-year property (Line 19c)</b>																
<b>GDS 7-year property (Line 19c)</b>																
2	LEASEHOLD IMPROVE	1/1/2012	R-10	100.00%	40,480	0	0	0	0	40,480	15	SL/GDS	HY	0	1,348	1,348
<b>Total GDS 15-year property (Line 19e)</b>																
<b>GDS 15-year property (Line 19e)</b>																
<b>Subtotal Depreciation</b>																
Listed property with more than 50% business use (Line 25 and 26) 1 computer 6/1/2011 F-4 100.00% 2,500 0 0 0 0 0 0 0 2,500 5 200DB HY 500 800 1,300 Total listed prop with > 50% business use 2,500 0 0 0 0 0 0 0 2,500 Subtotal Listed Property 2,500 0 0 0 0 0 0 0 2,500 Total Depreciation and Amortization 89,634 0 0 0 0 0 0 0 89,634																

<b>Listed Property</b>																
Listed property with more than 50% business use (Line 25 and 26) 1 computer 6/1/2011 F-4 100.00% 2,500 0 0 0 0 0 0 0 2,500 5 200DB HY 500 800 1,300 Total listed prop with > 50% business use 2,500 0 0 0 0 0 0 0 2,500 Subtotal Listed Property 2,500 0 0 0 0 0 0 0 2,500 Total Depreciation and Amortization 89,634 0 0 0 0 0 0 0 89,634																
<b>Subtotal Depreciation</b>																
Listed property with more than 50% business use (Line 25 and 26) 1 computer 6/1/2011 F-4 100.00% 2,500 0 0 0 0 0 0 0 2,500 5 200DB HY 500 800 1,300 Total listed prop with > 50% business use 2,500 0 0 0 0 0 0 0 2,500 Subtotal Listed Property 2,500 0 0 0 0 0 0 0 2,500 Total Depreciation and Amortization 89,634 0 0 0 0 0 0 0 89,634																

## Form 4562 Statement Kentucky State - 990

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.
<b>Depreciation Detail</b>																
<b>GDS 7-year property (Line 19c)</b>																
3	OFFICE FURNITURE DC	1/1/2012	F-11	100.00%	26,654	0	0	0	0	26,654	7	200DB	HY	0	3,809	3,809
4	CLOTHING RACKS DOF	1/1/2012	F-10	100.00%	20,000	0	0	0	0	20,000	7	200DB	HY	0	2,858	2,858
Total GDS 7-year property (Line 19c)					46,654	0	0	0	0	46,654				0	6,667	6,667
<b>GDS 15-year property (Line 19e)</b>																
2	LEASEHOLD IMPROVEI	1/1/2012	R-10	100.00%	40,480	0	0	0	0	40,480	15	SL/GDS	HY	0	1,348	1,348
Total GDS 15-year property (Line 19e)					40,480	0	0	0	0	40,480				0	1,348	1,348
<b>Subtotal Depreciation</b>					87,134	0	0	0	0	87,134				0	8,015	8,015
<b>Listed Property</b>																
<b>Listed property with more than 50% business use (Line 25 and 26)</b>																
1	computer	6/1/2011	F-4	100.00%	2,500	0	0	0	0	2,500	5	200DB	HY	500	800	1,300
Total listed prop with > 50% business use					2,500	0	0	0	0	2,500				500	800	1,300
<b>Subtotal Listed Property</b>					2,500	0	0	0	0	2,500				500	800	1,300
<b>Total Depreciation and Amortization</b>					89,634	0	0	0	0	89,634				500	8,815	9,315





**DRESS FOR SUCCESS®**  
LOUISVILLE

*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").

**Section 2: Purpose.** 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 may be changed from time to time.

### **ARTICLE 4: MEMBERS**

There shall be no members of the Corporation.

### **ARTICLE 5: BOARD OF DIRECTORS**

**Section 1: General Powers.** 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 ensuing 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 or 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 may 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.

**Section 2: Termination and Resignations.** 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 or 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.

**Section 3: Terminations, Resignations, Vacancies, and Compensation for Executive Committee.** 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.

**Section 3: Members.** 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.

**Section 5: Corporate Loans.** 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





**DRESS FOR SUCCESS®**  
LOUISVILLE

*Going Places. Going Strong.*

Dress for Success Louisville  
309 Guthrie Street  
Louisville KY 40202  
(502) 584-8050

[www.dressforsuccess.org/louisville](http://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 Acquisition  
224 East Broadway  
Louisville, KY 40241  
Office: (502) 629-3679  
Phone: (502) 619-9455  
[kim.blanding@northonhealthcare.org](mailto:kim.blanding@northonhealthcare.org)  
[adamblanding@yahoo.com](mailto: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](mailto: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  
[Marygwynne.dougherty@metrounitedway.org](mailto:Marygwynne.dougherty@metrounitedway.org)

**Member Since: March 2013**



**Beth Dlutowski**

Cell: (479) 270-4974

Office: (502) 244-2732

[bdlutowski@hotmail.com](mailto:bdlutowski@hotmail.com)

**Member Since: April 2011**



**Chris Fulkerson**

President, VIP Studio –

Visual Impact & Presence

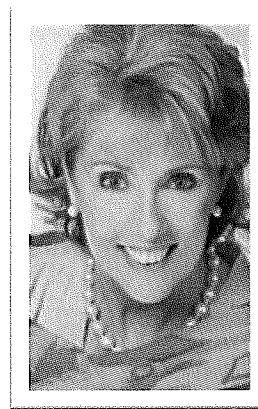
1505 Sable Wing Circle

Louisville, KY 40223

Office: (502) 939-6000

[caf59@aol.com](mailto: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](mailto: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  
llewellen@humana.com  
llewellen21@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  
[kmckune@tachaulaw.com](mailto:kmckune@tachaulaw.com)  
**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**



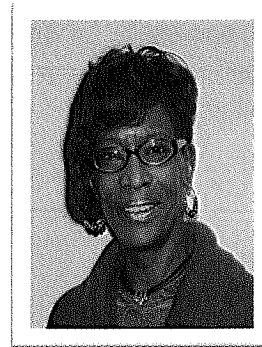
**Pamela Ross**

7807 Kenbrook Place  
Louisville, KY 40258  
Cell: (502) 310-8460  
Office: (855) 446-2777  
[pamela@go2sss.com](mailto: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](mailto: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](mailto:psheehan@usworldmeds.com)  
[pssheehan1@aol.com](mailto: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](mailto:edare0989@gmail.com)  
**Member Since: May 2013**





# Dress For Success Louisville Staff Members

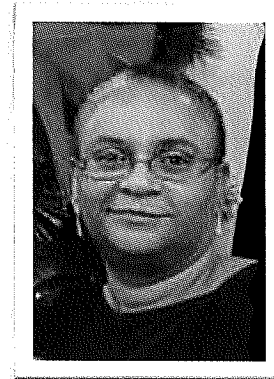
**Betty J. Fox**

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



**Valerie Daugherty**

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







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

DEPARTMENT OF THE TREASURY

Date:

**MAR 29 2006**

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

Employer Identification Number:

61-1383568

DLN:

17053070812036

Contact Person:

SUSAN Y MALONEY

ID# 31210

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

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.

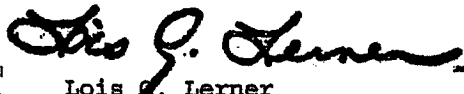
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of 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](http://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 G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)



# Dress for Success Louisville

12/12/2013

**Approved**

**INCOME**

Budget 2014	
INDIVIDUAL GIVING	\$ 25,500.00
SPECIAL EVENTS	\$ 152,000.00
GRANTS	↑ \$ 98,400.00
INVENTORY SALES	\$ 15,000.00
<b>CONTRIBUTION INCOME</b>	<b>\$ 290,900.00</b>
<b>INKIND</b>	
Donated Product	\$ 100,000.00
Donated Services	\$ -
Total Inkind	\$ 100,000.00
<b>TOTAL INCOME</b>	<b>\$ 390,900.00</b>

**Expense**

		% Admin Management	Admin/Management	% Fundraising	Fundraising	% 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%	\$ 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%	\$ 150.00	3%	\$ 90.00	95%	\$
INSURANCE/LIABILITY	\$ 4,160.00	15%	\$ 624.00	15%	\$ 624.00	70%	\$
OFFICE SUPPLIES	\$ 3,500.00	15%	\$ 525.00	5%	\$ 175.00	80%	\$
FUNDRAISING	\$ 32,250.00	5%	\$ 1,612.50	95%	\$ 30,637.50	0%	\$
TRANSPORTATION	\$ 1,500.00	10%	\$ 150.00	5%	\$ 75.00	85%	\$
VOLUNTEERS	\$ 2,000.00	5%	\$ 100.00	10%	\$ 200.00	85%	\$
MISCELLANEOUS	\$ 6,364.00	10%	\$ 636.40	5%	\$ 318.20	85%	\$
SUPPORT SERVICES	\$ 10,825.00	10%	\$ 1,082.50	10%	\$ 1,082.50	80%	\$
PRODUCT DISTRIBUTED	\$ 100,000.00	0%	\$ -	0%	\$ -	100%	\$
<b>Total Expense</b>	<b>\$ 382,192.88</b>		<b>\$ 29,270.67</b>		<b>\$ 59,075.40</b>		<b>\$</b>
<b>Total Cash Expenses</b>	<b>\$ 282,192.88</b>		<b>\$ 29,270.67</b>		<b>\$ 59,075.40</b>		<b>\$ 19</b>
<b>Net Revenue/(Deficit)</b>	<b>\$ 8,707.12</b>						
<b>Net Revenue/(Deficit)-Cash</b>	<b>\$ 8,707.12</b>						
<b>Percentage</b>		<b>8%</b>		<b>15%</b>		<b>77%</b>	

grams
99,081.00
10,898.91
4,990.50
18,750.00
3,000.00
3,150.00
5,280.00
22,500.00
660.00
2,850.00
2,912.00
2,800.00
-
1,275.00
1,700.00
5,409.40
8,660.00
10,000.00
3,916.81
<b>3,916.81</b>
100%



# Business Partners

## SUCCESS PARTNERS/ IN-KIND DONATIONS

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    
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   
Humana \$      
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 \$

## COMMUNITY PARTNERS

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

*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**



**DRESS FOR SUCCESS®**  
LOUISVILLE

*Going Places. Going Strong.*



# Financial Statistics & Program Demographics

## Statement of Activity Financials for 2013

Source of Income	Income
Corporations, Foundations & Grants	\$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
<b>Total:</b>	<b>\$444,081</b>
Expenses	
Program	\$298,744
Administrative	\$29,736
Fundraising	\$43,750
<b>Total:</b>	<b>\$382,230</b>

## Dress for Success Louisville Statement of Financial Position

As of December 31, 2013

Assets:	
<b>Current Assets</b>	
Bank Accounts.....	\$139,272
Inventory.....	\$69,590
Furniture & Fixtures.....	\$80,319
<b>Total Assets.....</b>	<b>\$289,181</b>
<b>Liabilities</b>	
Accounts Payable.....	\$1,663
<b>Total Liabilities.....</b>	<b>\$1,663</b>
<b>Net Assets</b>	
Unrestricted.....	\$269,768
Temporary Restricted.....	\$17,750
<b>Total Net Assets.....</b>	<b>\$287,518</b>
<b>Total:</b>	<b>\$289,181</b>

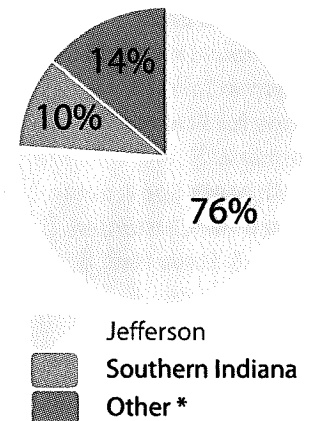
### Age

Age 25 & Under	4%
Age 26 -35	30%
Age 36-44	18%
Age 45-54	40%
Age 55 & Over	8%

### Race

African Americans	49%
Whites	39%
Hispanics	7%
Others	5%

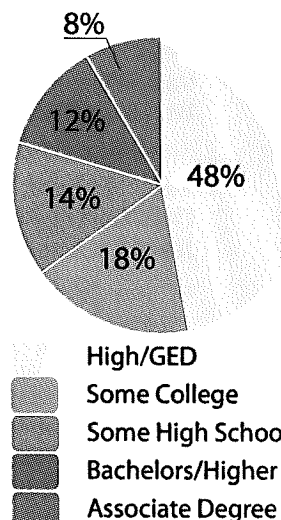
### Counties Served



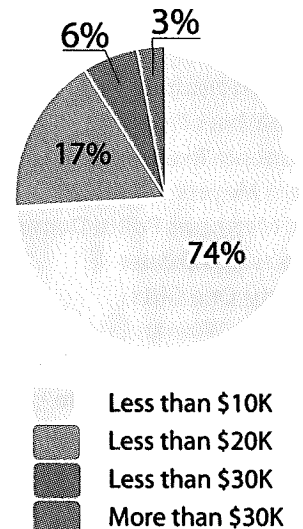
### Number of Children

Number of Women	Total Children
With One	263
With Two	132
With Three	196
With Four	42
With Five	19
With Six	5
With Eight	4
With Ten	2
<b>Total Number of Children Impacted: 1460</b>	
83% of the clients we serve are single parents	

### Education Level



### Client Income



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



*"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 right in front of my eyes. There are no 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 there!"*  
~ 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 2013



**DRESS FOR SUCCESS®**  
LOUISVILLE

*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 J. Fox*

Betty J. Fox, Executive Director



## Smith, Chanelle Emily

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**From:** Woolridge, Mary  
**Sent:** Tuesday, March 25, 2014 3:42 PM  
**To:** 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 [sharron.brown@louisvilleky.gov](mailto:sharron.brown@louisvilleky.gov) 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*



**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** KY  
**File Date** 2/1/2001  
**Organization Date** 2/1/2001  
**Last Annual Report** 5/28/2013  
**Principal Office** 309 Guthrie Street  
  
 LOUISVILLE, KY 40202  
**Registered Agent** LUCY M. HESKINS  
 400 W. MARKET ST.  
 SUITE 1800  
 LOUISVILLE, KY 40202

**Current Officers**

**Chairman** LISA A. LEVELLEN  
**Secretary** colleen beach  
**Treasurer** SUSAN ROSE  
**Director** MARY IO BEAN  
**Director** pam sheehan  
**Director** pam ross  
**Director** juanita sands  
**Director** tammy motley

**Individuals / Entities listed at time of formation**

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

**Images available online**

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

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



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<u>Annual Report</u>	8/6/2009	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/22/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	5/20/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/26/2007	1 page	<u>PDF</u>	
<u>Statement of Change</u>	2/20/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/5/2006	1 page	<u>PDF</u>	
<u>Annual Report</u>	9/2/2005	1 page	<u>PDF</u>	
<u>Statement of Change</u>	1/13/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	8/12/2004	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/5/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	11/6/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	2/1/2001	8 pages	<u>tiff</u>	<u>PDF</u>

**Assumed Names****Activity History**

Filing	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 report	8/6/2009 11:50:52 AM	8/6/2009	
Annual report	5/22/2008 9:18:26 AM	5/22/2008	
Registered agent address 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	
Registered 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	
Registered agent address change	1/13/2005 10:55:54 AM	1/13/2005	
Registered agent address change	8/12/2004 1:53:57 PM	8/12/2004	
Principal office change	4/14/2004 12:54:51 PM	4/14/2004	
Principal office change	9/12/2002 10:09:49 AM	9/12/2002	
Add	2/1/2001 3:50:51 PM	2/1/2001	

**Microfilmed Images**

[https://app.sos.ky.gov/ftshow/\(S\(5dwqvdoomr40b4wdchbpz3\)\)/default.aspx?path=ftsearch&id=0509931&ct=09&cs=99999](https://app.sos.ky.gov/ftshow/(S(5dwqvdoomr40b4wdchbpz3))/default.aspx?path=ftsearch&id=0509931&ct=09&cs=99999)





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

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
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