

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

Name of filer

DRESS FOR SUCCESS WORLDWIDE

EIN or SSN

13-4040377

Name and title of officer or person subject to tax MICHELE C MEYER-SHIPP
CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	15,295,821.
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only I authorize GELMAN, ROSENBERG & FREEDMAN

ERO firm name

to enter my PIN

11410

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Michele C. Meyer-Shipp

Date 9/25/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52117898693

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Eliza Schlueter

Date

09/24/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:	C Name of organization DRESS FOR SUCCESS WORLDWIDE		D Employer identification number 13-4040377
Address change	Doing business as		E Telephone number (212) 532-1922
Name change	Number and street (or P.O. box if mail is not delivered to street address) 32 EAST 31ST STREET		F Gross receipts \$ 15,479,905.
Initial return	Room/suite		G
Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Amended return	F Name and address of principal officer: MICHELE C. MEYER-SHIPP SAME AS C ABOVE		H(b) Are all subordinates included? Yes <input checked="" type="checkbox"/> No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions
J Website: WWW.DRESSFORSUCCESS.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	
		L Year of formation: 2003 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.	
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) 3 20	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 42	
	6 Total number of volunteers (estimate if necessary) 6 330	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 12,033,352. 14,666,877.	
	9 Program service revenue (Part VIII, line 2g) 0. 0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 98,293. 183,251.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -159,688. 445,693.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,971,957. 15,295,821.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,248,966. 2,041,327.	
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,192,854. 3,881,294.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
	b Total fundraising expenses (Part IX, column (D), line 25) 1,117,918.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,063,783. 9,686,034.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,505,603. 15,608,655.	
19 Revenue less expenses. Subtract line 18 from line 12 466,354. -312,834.		
Net Assets or Fund Balances	Beginning of Current Year 8,932,446.	End of Year 13,137,291.
	20 Total assets (Part X, line 16) 942,070.	3,393,241.
	21 Total liabilities (Part X, line 26) 7,990,376.	9,744,050.
	22 Net assets or fund balances. Subtract line 21 from line 20 	

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	<i>Michele Meyer-Shipp</i>		9/25/2024
	Signature of officer MICHELE C. MEYER-SHIPP, CEO		Date
Type or print name and title			
Paid Preparer	Print/Type preparer's name ELIZABETH W. HELLER	Preparer's signature <i>Elizabeth W. Heller</i>	Date 09/24/24
			Check if self-employed
Use Only	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 52-1392008
	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		Phone no. 301-951-9090

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 or note to any line in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF DRESS FOR SUCCESS IS TO EMPOWER WOMEN TO ACHIEVE ECONOMIC INDEPENDENCE BY PROVIDING A NETWORK OF SUPPORT, PROFESSIONAL ATTIRE AND THE 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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 10,420,755. including grants of \$ 2,041,327.) (Revenue \$ _____)

AFFILIATE PROGRAM: THE ORGANIZATION PROVIDES AN ARRAY OF SUPPORT AND RESOURCES TO GLOBAL AFFILIATES AT ALL PHASES OF THEIR DEVELOPMENT, FROM START-UP TO MATURE AFFILIATES. INITIATIVES UNDER THE AFFILIATE PROGRAM INCLUDE THE DEVELOPMENT AND IMPLEMENTATION OF CONFERENCES, MEETINGS, CAMPAIGNS, AND PROGRAMS TO BUILD AFFILIATE CAPACITY, OPERATIONAL STRENGTH, AND FINANCIAL SUSTAINABILITY; FACILITATING COMMUNICATION AND BEST PRACTICE SHARING ACROSS THE GLOBAL AFFILIATE NETWORK; AND DISBURSEMENT OF DESIGNATED DONATIONS OF CASH AND IN-KIND PRODUCT FROM CONTRIBUTORS. ADDITIONALLY, DSW CENTRALLY MANAGES THE GLOBAL BRAND AND DIGITAL PRESENCE, AND TRACKING AND MEASUREMENT OF IMPACT ACROSS AFFILIATES.

4b (Code: _____) (Expenses \$ 1,390,982. including grants of \$ _____) (Revenue \$ _____)

LOCAL WORKFORCE DEVELOPMENT PROGRAM: THROUGH ITS LOCATIONS IN NEW YORK CITY AND CHICAGO, THE ORGANIZATION PROVIDES DIRECT SERVICES AND SUPPORTS TO UNEMPLOYED AND UNDEREMPLOYED WOMEN IN EACH IDENTIFIED MARKET. SERVICES AND SUPPORTS INCLUDE JOB PREPARATION, PROFESSIONAL ATTIRE FOR INTERVIEWS AND EMPLOYMENT, CAREER DEVELOPMENT, EMPLOYMENT RETENTION, AND FINANCIAL LITERACY PROGRAMS DESIGNED TO EQUIP WOMEN TO SECURE AND RETAIN EMPLOYMENT, PROGRESS IN THEIR CAREERS, AND ACHIEVE FINANCIAL INDEPENDENCE. PROGRAMS ARE DELIVERED IN-PERSON AND ONLINE VIA INDIVIDUAL AND COHORT-BASED DELIVERY MODELS WITHIN DSW SERVICE LOCATIONS AND ARE CUSTOMIZED TO MEET THE NEEDS OF THE LOCAL POPULATIONS SERVED. BOTH MARKETS WERE ACTIVE IN 2023.

4c (Code: _____) (Expenses \$ 1,071,252. including grants of \$ _____) (Revenue \$ _____)

GLOBAL EMPLOYMENT PROGRAM: THE ORGANIZATION SUPPORTS AFFILIATES IN PROVIDING WORKFORCE DEVELOPMENT SERVICES TO CLIENTS WITHIN THE FOLLOWING AREAS OF FOCUS: CAREER COACHING AND READINESS, UPSKILLING AND RESKILLING, NETWORKS AND COMMUNITY, AND STYLING AND PROFESSIONAL ATTIRE. ACTIVITIES UNDER THE GLOBAL EMPLOYMENT PROGRAM INCLUDE THE CENTRALIZED MANAGEMENT OF GLOBAL, NATIONAL, AND MULTI-MARKET ENGAGEMENT AND PROGRAM PARTNERSHIPS AS WELL AS DEVELOPMENT AND MANAGEMENT OF THE DRESS FOR SUCCESS ONLINE COMMUNITY. THE ONLINE COMMUNITY OFFERS ACCESS TO RESOURCES, WORKSHOPS, AND A NETWORK OF SUPPORT FOR CLIENT PARTICIPANTS AS WELL AS A CUSTOMIZABLE FORUM FOR AFFILIATES TO ENGAGE DIGITALLY WITH THE WOMEN THEY SERVE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 12,882,989.

Form 990 (2023)

332002 12-21-23

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2023.04030 DRESS FOR SUCCESS WORLDWI 11410_1

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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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
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? <i>If "Yes," complete Schedule D, Part I</i>	6 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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 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? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 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? <i>If "Yes," complete Schedule D, Part VII</i> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> 		
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	11a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	11b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11c X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	11d X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	11e X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	11f 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	12a 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? <i>If "Yes," complete Schedule G, Part II</i>	12b X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	13 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	14a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	14b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	15 X	
	16 X	
	17 X	
	18 X	
	19 X	
20a	20b	
	21 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	35
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	42
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17
If "Yes," complete Form 6069.			

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		
b	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 on Schedule O		
			X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
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?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	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 on 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 on 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?	16a	X
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?		
			16b

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	SEE SCHEDULE O
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.	
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	MICHELE MEYER-SHIPP - (212)532-1922	
	32 EAST 31ST STREET, NEW YORK, NY 10016	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) MICHELE MEYER-SHIPP CEO	40.00		X				424,967.	0.	42.
(2) WENDY LONGWOOD COO	40.00			X			250,869.	0.	21,503.
(3) ELIZABETH CAREY CHIEF AFFILIATE & SUSTAIN. OFFICER	40.00			X			213,718.	0.	15,059.
(4) JAN M. DAHMS CHIEF ADVANCEMENT OFFICER	40.00			X			161,009.	0.	42.
(5) TONYA PECK, DIRECTOR OF PROGRAM TRANSFORMATION - TIL 04/2023	40.00				X		113,949.	0.	14,512.
(6) JOANNE LEIGHTON CONTROLLER	40.00				X		109,058.	0.	17,872.
(7) JENNIFER WUERZ INTERIM DIRECTOR NYC	40.00				X		125,293.	0.	42.
(8) NATALIE BORNEO SR. DIRECTOR PROGRAM OPERATIONS	40.00				X		106,202.	0.	15,206.
(9) NANCI ROTH PRODUCT MARKETING DIRECTOR	40.00				X		103,116.	0.	10,321.
(10) ELENA KIAM CHAIR	1.00	X	X				0.	0.	0.
(11) JEAN SELDEN GREENE, CHAIR-ELECT - TIL 07/2023, BOARD MEMBER	1.00	X	X				0.	0.	0.
(12) ERICA FRONTIERO, BOARD MEMBER - TIL 07/2023, CHAIR-ELECT	1.00	X	X				0.	0.	0.
(13) KELLY CUSICK DROPCHINSKI SECRETARY	1.00	X	X				0.	0.	0.
(14) RENEE LAROCHE-MORRIS TREASURER	1.00	X	X				0.	0.	0.
(15) ANU AIYENGAR BOARD MEMBER	0.50	X					0.	0.	0.
(16) FRANK AQUILA BOARD MEMBER	0.50	X					0.	0.	0.
(17) DALE BORNSTEIN BOARD MEMBER	0.50	X					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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) KRISTA BOURNE BOARD MEMBER	0.50	X					0.	0.	0.
(19) JANESSA COX-IRVIN BOARD MEMBER	0.50	X					0.	0.	0.
(20) LINDA FINDLEY BOARD MEMBER	0.50	X					0.	0.	0.
(21) DIERDRE FITZGERALD BOARD MEMBER	0.50	X					0.	0.	0.
(22) FELICIA HALE BOARD MEMBER	0.50	X					0.	0.	0.
(23) LUCY KAYLIN BOARD MEMBER - TIL 10/2023	0.50	X					0.	0.	0.
(24) CHERYL KERN BOARD MEMBER	0.50	X					0.	0.	0.
(25) JENNIFER KLEIN BOARD MEMBER	0.50	X					0.	0.	0.
(26) LORETTA MARCOCCIA BOARD MEMBER	0.50	X					0.	0.	0.
1b Subtotal							1,608,181.	0.	94,599.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,608,181.	0.	94,599.

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 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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
PROJECT EVIDENT, INC., 501 BOYLSTON STREET, 10TH FLOOR, BOSTON, MA 02116	CONSULTING	130,000.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

Part VII

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

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 122,093.			
	b Membership dues	1b			
	c Fundraising events	1c 65,370.			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 14,479,414.			
	g Noncash contributions included in lines 1a-1f	1g \$ 7,280,990.			
	h Total. Add lines 1a-1f		14,666,877.		
Program Service Revenue		Business Code			
	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		177,920.		177,920.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	6a (i) Real			
		6b (ii) Personal			
		6c			
	7 a Gross amount from sales of assets other than inventory	7a (i) Securities			
		35,604.			
		7b (ii) Other			
		30,273.			
		7c Gain or (loss)			
		5,331.			
			5,331.		5,331.
	8 a Gross income from fundraising events (not including \$ 65,370. of contributions reported on line 1c). See Part IV, line 18	8a			
		599,504.			
	b Less: direct expenses	8b			
		153,811.			
	c Net income or (loss) from fundraising events		445,693.		445,693.
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
		9b			
	b Less: direct expenses				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	10a			
		10b			
	b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
	11 a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions		15,295,821.	0.	628,944.

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	1,961,397.	1,961,397.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	79,930.	79,930.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,087,208.	383,517.	472,902.	230,789.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,264,555.	1,490,901.	432,303.	341,351.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,494.	3,313.	7,133.	4,048.
9 Other employee benefits	195,393.	108,853.	27,233.	59,307.
10 Payroll taxes	319,644.	174,570.	76,041.	69,033.
11 Fees for services (nonemployees):				
a Management				
b Legal	26,823.	14,178.	337.	12,308.
c Accounting	48,471.		48,471.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,657.		50,657.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	365,776.	119,695.	178,850.	67,231.
12 Advertising and promotion	29,148.	6,680.	6,373.	16,095.
13 Office expenses	142,585.	52,046.	58,392.	32,147.
14 Information technology	413,415.	230,958.	55,250.	127,207.
15 Royalties				
16 Occupancy	830,514.	611,476.	111,308.	107,730.
17 Travel	95,772.	9,575.	39,652.	46,545.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	340,996.	335,139.	5,429.	428.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,785.		9,785.	
23 Insurance	40,118.	17,140.	19,825.	3,153.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a IN-KIND GOODS	7,250,717.	7,250,717.		
b PROGRAM SUPPLIES	32,459.	32,459.		
c MISCELLANEOUS	6,274.	370.	5,904.	
d DUES AND SUBSCRIPTIONS	1,314.	75.	693.	546.
e All other expenses	1,210.		1,210.	
25 Total functional expenses. Add lines 1 through 24e	15,608,655.	12,882,989.	1,607,748.	1,117,918.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
	Assets			
1	Cash - non-interest-bearing	2,063,985.	1	625,861.
2	Savings and temporary cash investments	1,783,375.	2	2,081,957.
3	Pledges and grants receivable, net	0.	3	1,500,085.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	5,234.	9	39,076.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 609,784.		
b	Less: accumulated depreciation	10b 595,651.	5,367.	10c 14,133.
11	Investments - publicly traded securities	4,584,385.	11	6,209,732.
12	Investments - other securities. See Part IV, line 11	17,919.	12	17,970.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	472,181.	15	2,648,477.
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,932,446.	16	13,137,291.
	Liabilities			
17	Accounts payable and accrued expenses	502,521.	17	458,504.
18	Grants payable		18	
19	Deferred revenue	150,000.	19	410,000.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	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	289,549.	25	2,524,737.
26	Total liabilities. Add lines 17 through 25	942,070.	26	3,393,241.
	Net Assets or Fund Balances			
	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	7,316,357.	27	7,343,966.
28	Net assets with donor restrictions	674,019.	28	2,400,084.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	7,990,376.	32	9,744,050.
33	Total liabilities and net assets/fund balances	8,932,446.	33	13,137,291.

Form 990 (2023)

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	15,295,821.
2 Total expenses (must equal Part IX, column (A), line 25)	2	15,608,655.
3 Revenue less expenses. Subtract line 2 from line 1	3	-312,834.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,990,376.
5 Net unrealized gains (losses) on investments	5	566,423.
6 Donated services and use of facilities	6	1,500,085.
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,744,050.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2023)

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number

13-4040377

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12932535.	18822086.	14030723.	12033352.	14666877.	72485573.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12932535.	18822086.	14030723.	12033352.	14666877.	72485573.
5 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)						11511724.
6 Public support. Subtract line 5 from line 4.						60973849.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	12932535.	18822086.	14030723.	12033352.	14666877.	72485573.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	588,114.	154,672.	111,121.	98,293.	177,920.	1130120.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1702433.					1702433.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						75318126.
12 Gross receipts from related activities, etc. (see instructions)					12	445,693.
13 First 5 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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	80.96	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	81.23	%
16a 33 1/3% support test - 2023. 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 33 1/3% support test - 2022. 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			
17a 10% -facts-and-circumstances test - 2023. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
b 10% -facts-and-circumstances test - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

	Yes	No
2a		

- Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

DRESS FOR SUCCESS WORLDWIDE**13-4040377****Organization type** (check one):**Filers of:** **Section:**Form 990 or 990-EZ 501(c)(3) (enter number) organization4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number

13-4040377

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		\$ 1,256,496.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,209,763.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3		\$ 1,150,500.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 626,902.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 579,345.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 535,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number

13-4040377

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		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8		\$ 494,952.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 480,966.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11		\$ 393,484.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 380,270.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number

13-4040377

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
13		\$ 364,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number

13-4040377

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
1	SKINCARE PRODUCTS _____ _____ _____	\$ 1,256,496.	02/17/23
3	(b) Description of noncash property given COSMETICS _____ _____ _____	(c) FMV (or estimate) (See instructions.)	(d) Date received 04/12/23
4	(b) Description of noncash property given ACCESSORIES _____ _____ _____	\$ 626,902.	(d) Date received 11/01/23
5	(b) Description of noncash property given HYGIENE PRODUCTS _____ _____ _____	\$ 579,345.	(d) Date received 01/01/23
8	(b) Description of noncash property given COSMETICS _____ _____ _____	\$ 494,952.	(d) Date received 01/27/23
9	(b) Description of noncash property given COSMETICS _____ _____ _____	\$ 480,966.	(d) Date received 10/19/23

Name of organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number

13-4040377

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
11	CLOTHING	\$ 393,484.	03/20/23
12	CLOTHING	\$ 380,270.	12/22/23
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

Employer identification number

DRESS FOR SUCCESS WORLDWIDE

13-4040377

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) \$ _____
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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number

13-4040377

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

	(a) Donor advised funds	(b) Funds and other accounts		
1 Total number at end of year				
2 Aggregate value of contributions to (during year)				
3 Aggregate value of 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?			Yes	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?			Yes	No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education)	<input type="checkbox"/>	Preservation of a historically important land area			
Protection of natural habitat	<input type="checkbox"/>	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.					
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 on line 2a	2c				
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?	<input type="checkbox"/>	Yes	No		
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

Schedule D (Form 990) 2023

332051 09-28-23

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

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," explain the arrangement in Part XIII and complete the following table:		
	Amount	
1c Beginning balance		
1d Additions during the year		
1e Distributions during the year		
1f Ending balance		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	<input type="checkbox"/>	Yes
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" on 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					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:					

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** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 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.

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.					
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements			157,575.	157,575.	0.
d Equipment			393,605.	393,605.	0.
e Other			58,604.	44,471.	14,133.

Total Add lines 1a through 1e. (Column (d) must equal Form 280, Part X, line 10a, column (B).)

14.133.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS	2,486,454.
(2) SECURITY DEPOSITS	162,023.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,648,477.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	2,520,482.
(3) SHORT-TERM LEASE LIABILITY	4,255.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,524,737.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	18,404,698.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	566,423.
b	Donated services and use of facilities	2,439,300.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	153,811.
e	Add lines 2a through 2d	3,159,534.
3	Subtract line 2e from line 1	15,245,164.
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	50,657.
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	50,657.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	15,295,821.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	16,651,024.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	939,215.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	153,811.
e	Add lines 2a through 2d	1,093,026.
3	Subtract line 2e from line 1	15,557,998.
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	50,657.
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	50,657.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	15,608,655.

Part XIII Supplemental Information

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:**SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE****FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON****PART VIII, LINE 8B.** **153,811.****PART XII, LINE 2D - OTHER ADJUSTMENTS:****SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE****FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON****PART VIII, LINE 8B.** **153,811.**

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

Employer identification number

DRESS FOR SUCCESS WORLDWIDE**13-4040377****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	4	0	GRANTS TO RECIPIENTS LOCATED IN REGION		59,430.
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	0	GRANTS TO RECIPIENTS LOCATED IN REGION		14,500.
EAST ASIA AND THE PACIFIC	1	0	GRANTS TO RECIPIENTS LOCATED IN REGION		6,000.
3 a Subtotal	6	0			79,930.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	6	0			79,930.

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

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SUPPORT TO MEMBER ORGANIZATION FOR MISSION-RELATED WORK	30,000.	WIRE TRANSFER	0.		
		EUROPE	SUPPORT TO MEMBER ORGANIZATION FOR MISSION-RELATED WORK	14,500.	WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SUPPORT TO MEMBER ORGANIZATION FOR MISSION-RELATED WORK	11,950.	WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SUPPORT TO MEMBER ORGANIZATION FOR MISSION-RELATED WORK	9,694.	WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SUPPORT TO MEMBER ORGANIZATION FOR MISSION-RELATED WORK	7,786.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT TO MEMBER ORGANIZATION FOR MISSION-RELATED WORK	6,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 6

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION REQUIRES THAT AFFILIATES PROVIDE MID-YEAR AND YEAR-END REPORTS OF ALL GRANT EXPENDITURES. THE ORGANIZATION ALSO PROVIDES ONE-ON-ONE MONITORING OF THE FISCAL MANAGEMENT OF THE GRANTS.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number
13-4040377

Part I

Fundraising Activities. Complete if the organization answered "Yes" on 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

2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total 100

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.

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

Schedule G (Form 990) 2023

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

	(a) Event #1 WOMEN WHO INSPIRE (event type)	(b) Event #2 POWERWALK (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	334,922.	214,799.	115,153.	664,874.
2 Less: Contributions	54,275.	4,125.	6,970.	65,370.
3 Gross income (line 1 minus line 2)	280,647.	210,674.	108,183.	599,504.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	34,905.		3,000.	37,905.
7 Food and beverages	70,000.		6,180.	76,180.
8 Entertainment				
9 Other direct expenses	28,316.	2,863.	8,547.	39,726.
10 Direct expense summary. Add lines 4 through 9 in column (d)				153,811.
11 Net income summary. Subtract line 10 from line 3, column (d)				445,693.

Part III Gaming. Complete if the organization answered "Yes" on 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))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
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)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 \$ _____ and the amount of gaming revenue retained by the third party \$ _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

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?

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 \$

Part IV Supplemental Information. 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 provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

Open to Public
Inspection

Name of the organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number
13-4040377

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS SAN FRANCISCO 500 SUTTER STREET, ROOM 218 SAN FRANCISCO, CA 94102	20-3905776	501(C)(3)	152,641.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS COLUMBUS 1204 NORTH HIGH STREET COLUMBUS, OH 43201	20-5112085	501(C)(3)	128,721.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS GREATER PHILADELPHIA - 1500 WALNUT STREET, SUITE 1103 - PHILADELPHIA, PA 19102	87-3057576	501(C)(3)	123,760.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS TAMPA BAY PO BOX 18973 TAMPA, FL 33679	59-3542254	501(C)(3)	77,455.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS ATLANTA 6255 BARTFIELD ROAD, SUITE 155 ATLANTA, GA 30328	58-2295786	501(C)(3)	72,269.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS WASHINGTON DC 421 SEWARD SQUARE SE WASHINGTON, DC 20003	75-3080114	501(C)(3)	69,494.	0.			SUPPORT OF MEMBER ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 57.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS TWIN CITIES 1549 UNIVERSITY AVENUE WEST, SUITE SAINT PAUL, MN 55104	80-0480295	501(C)(3)	64,201.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS BOSTON 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3554741	501(C)(3)	62,668.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS HOUSTON 3310 EASTSIDE STREET HOUSTON, TX 77098	76-0579697	501(C)(3)	62,034.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS DENVER 2425 S COLORADO BOULEVARD DENVER, CO 80222	46-3670033	501(C)(3)	48,266.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS NEW ORLEANS (UNDER THE NAME DRESS FOR SUCCESS CHARITIES) - 1700 JOSEPHINE STREET, SUITE 101 - NEW ORLEANS,	72-1444242	501(C)(3)	46,142.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS PITTSBURGH 5001 BAUM BOULEVARD, SUITE 550 PITTSBURGH, PA 15213	20-2388089	501(C)(3)	45,696.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS CINCINNATI 205 WEST 4TH STREET CINCINNATI, OH 45202	31-1640182	501(C)(3)	44,649.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON ROAD CHARLOTTE, NC 28217	56-2170625	501(C)(3)	41,817.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS SEATTLE 1118 FIFTH AVENUE SEATTLE, WA 98101	91-1925352	501(C)(3)	40,784.	0.			SUPPORT OF MEMBER ORGANIZATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS CENTRAL NEW JERSEY - 3131 PRINCETON PIKE, BUILDING 4, SUITE 209 - LAWRENCEVILLE, NJ 08648	37-1536476	501(C)(3)	38,636.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS ROCHESTER 47 STATE STREET ROCHESTER, NY 14614	47-2219785	501(C)(3)	38,229.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS NORTHERN NEW JERSEY (UNDER THE NAME DRESS FOR SUCCESS) - 25 COOK AVENUE - MADISON, NJ 07940	22-3661183	501(C)(3)	37,616.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS SAN JOSE 504 VALLEY WAY, SOBRATO CENTER FOR NONPROFITS, BUILDING 4, 2ND FLOOR - MILP	20-3905776	501(C)(3)	36,979.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS BROOKHAVEN 1 INDEPENDENCE HILL FARMINGVILLE, NY 11738	47-4720048	501(C)(3)	36,666.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS MICHIGAN 5361 MCAULEY DRIVE/PO BOX 980138 ST YPSILANTI, MI 48197	38-3533444	501(C)(3)	35,985.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS PALM BEACHES 118 EAST OCEAN AVENUE LAKE WORTH, FL 33462	27-0579164	501(C)(3)	35,856.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS PHOENIX 1024 E BUCKEYE ROAD, SUITE 165 PHOENIX, AZ 85034	26-3610807	501(C)(3)	34,807.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS TRIANGLE NC 1812 TILLERY PLACE, SUITE 105 RALEIGH, NC 27604	26-2229898	501(C)(3)	33,355.	0.			SUPPORT OF MEMBER ORGANIZATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS CENTRAL VIRGINIA 210 E CLAY STREET RICHMOND , VA 23219	46-0733693	501(C)(3)	31,703.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS GREATER BALTIMORE - 250 W DICKMAN STREET - BALTIMORE , MD 21230	31-1598027	501(C)(3)	31,242.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS KANSAS CITY 300 W LINWOOD KANSAS CITY , MO 64111	43-1859283	501(C)(3)	30,723.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS WORCESTER PO BOX 16155, 484 MAIN STREET WORCESTER , MA 01608	26-3168663	501(C)(3)	28,878.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS INDIANAPOLIS 820 NORTH MERIDIAN STREET INDIANAPOLIS , IN 46204	35-2078412	501(C)(3)	25,879.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS HARTFORD PO BOX 2343 HARTFORD , CT 06146	60-1597429	501(C)(3)	25,383.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS MIAMI 1600 NW 3RD AVENUE, PROTABLE #35 WINTER PARK , FL 32789	26-3700854	501(C)(3)	24,083.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS NASHVILLE 4400 BELMONT PARK TERREACE NASHVILLE , TN 37215	62-1768482	501(C)(3)	21,841.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS SOUTH CENTRAL PA (UNDER THE NAME DFS CENTRAL VIRGINIA) - 29 SOUTH 10TH STREET - HARRISBURG , PA 17101	20-5031864	501(C)(3)	21,586.	0.			SUPPORT OF MEMBER ORGANIZATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS AUSTIN 701 TILLERY STREET AUSTIN , TX 78702	13-4220559	501(C)(3)	20,514.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS ALBANY 333 SHERIDAN AVENUE ALBANY, NY 12206	14-6037204	501(C)(3)	18,946.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS LOUISVILLE 913 E MAIN STREET, SUITE 101B LOUISVILLE, KY 40206	61-1383568	501(C)(3)	16,070.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS LUZERNE COUNTY 38 WEST MARKET STREET WILKESBARRE, PA 18702	27-2155587	501(C)(3)	13,989.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS FORT WAYNE 1313 W WASHINGTON CENTER ROAD FORT WAYNE, IN 46825	35-0868220	501(C)(3)	13,988.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS MIDWEST 3000 LITTLE HILLS EXPRESSWAY, SUITE ST. CHARLES, MO 63107	43-1859283	501(C)(3)	13,965.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS CLEVELAND 2239 EAST 55TH STREET CLEVELAND , OH 44103	34-1872331	501(C)(3)	13,757.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS SOUTHERN NEVADA 3400 WEST DESERT INN ROAD, SUITE 25 LAS VEGAS, NV 89102	27-1228948	501(C)(3)	13,264.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS MEMPHIS 3121 DIRECTORS ROW, SUITE 102 MEMPHIS, TN 38131	62-1807383	501(C)(3)	13,135.	0.			SUPPORT OF MEMBER ORGANIZATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS WINSTON SALEM 375 BUXTON STREET WINSTON-SALEM, NC 27101	26-3973444	501(C)(3)	13,097.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS DALLAS 5580 PETERSON LANE, SUITE 155 DALLASS, TX 75240	20-3379967	501(C)(3)	12,906.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS METRO JACKSON 350 W WOODROW WILSON DRIVE, SUITE 3 JACKSON, MD 39213	90-0276523	501(C)(3)	11,148.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS SIOUX FALLS 300 W 11TH STREET SIOUX FALLS, SD 57104	46-2699530	501(C)(3)	11,023.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS CHARLESTON COUNTY - 1643 SAVANNAH HIGHWAY, SUITE 231 - CHARLESTON, SC 29407	54-2104815	501(C)(3)	9,553.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS OKLAHOMA CITY 1215 N WESTERN AVENUE OKLAHOMA CITY, OK 73106	46-5682492	501(C)(3)	9,423.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS RENO NORTHERN NEVADA - 2295 VIRGINIA STREET, SUITE 10 - RENO, NV 89502	81-4182459	501(C)(3)	9,259.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS DUTCHESS COUNTY 63 CANNON STREET POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	8,382.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS HAMPTON ROADS 4000 COLLEY AVENUE, SUITE 200 NORFOLK, VA 23508	30-0312589	501(C)(3)	7,876.	0.			SUPPORT OF MEMBER ORGANIZATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS DES MOINES 6000 GRAND AVENUE DES MONIES , IA 50312	27-4613702	501(C)(3)	7,282.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS SW FLORIDA 12995 S CLEVELAND AVENUE FORT MYERS , FL 33907	27-2177347	501(C)(3)	6,591.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS RACINE 5540 DURAND AVENUE, SUITE B-296 RACINE, WI 53406	39-0806258	501(C)(3)	6,295.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS WESTERN MASS PO BOX 15376 SPRINGFIELD, MA 01115	04-3497736	501(C)(3)	6,254.	0.			SUPPORT OF MEMBER ORGANIZATION
DRESS FOR SUCCESS EMERALD COAST 213 HOLLYWOOD BOULEVARD NE, UNIT #1 FT WALTON BEACH, FL 32548	86-3946009	501(C)(3)	5,962.	0.			SUPPORT OF MEMBER ORGANIZATION
YWCA OF OAHU 1040 RICHARDS STREET HONOLULU, HI 96813	99-0073534	501(C)(3)	5,900.	0.			SUPPORT OF MEMBER ORGANIZATION

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION REQUIRES THAT AFFILIATES PROVIDE MID-YEAR AND YEAR-END

REPORTS OF ALL GRANT EXPENDITURES. THE ORGANIZATION ALSO PROVIDES

ONE-ON-ONE MONITORING OF THE FISCAL MANAGEMENT OF THE GRANTS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number
13-4040377

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

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

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

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

Part III Supplemental Information

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

PART I, LINE 7:

THE FOLLOWING INDIVIDUALS LISTED ON PART VII, SECTION A, RECEIVED BONUSES

IN THE BELOW AMOUNTS:

MICHELE MEYER-SHIPP, CEO - \$50,000

WENDY LONGWOOD, COO - \$21,319

ELIZABETH CAREY, CHIEF AFFILIATE & SUSTAINABILITY OFFICER - \$16,353

JAN M. DAHMS, CHIEF ADVANCEMENT OFFICER - \$9,000

TONYA PECK, DIRECTOR, PROGRAM TRANSFORMATION - \$7,200

JOANNE LEIGHTON, CONTROLLER - \$8,718

JENNIFER WUERZ, INTERIM DIRECTOR, NYC - \$9,354

NATALIE BORNEO, SR. DIR., PROGRAM OPERATIONS - \$8,946

NANCI ROTH, PRODUCT MARKETING DIRECTOR - \$7,949

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

Name of the organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number
13-4040377

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	X		7,250,717.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	30,273.	FMV
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 (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2023

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS IN THIS COLUMN.

SCHEDULE M, LINE 32B:

DRESS FOR SUCCESS WORLDWIDE USES A THIRD-PARTY ONLINE RETAILER (THE REALREAL) TO SELL DONATED NEW PRODUCT AS PART OF AN ANNUAL FUNDRAISER; ADDITIONALLY, WE OCCASIONALLY PARTNER WITH THIRD-PARTY RESELLERS TO REDUCE EXCESS INVENTORY.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

2023

Open to Public
Inspection

Name of the organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number
13-4040377

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERSHIP, NON-PROFIT ORGANIZATIONS
INTERESTED IN THE PURPOSE OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NUMBER OF DIRECTORS CONSTITUTING THE BOARD OF DIRECTORS MAY BE
INCREASED OR DECREASED BY A MAJORITY VOTE OF THE MEMBERS OR BY A MAJORITY
VOTE OF THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING DECISIONS ARE SUBJECT TO THE APPROVAL BY MEMBERS:

- ANY AMENDMENT OF OR CHANGE TO THE CERTIFICATE OF INCORPORATION
- A PETITION FOR JUDICIAL DISSOLUTION
- DISPOSING OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF THE CORPORATION
- APPROVAL OF A PLAN OF MERGER
- AUTHORIZATION OF A PLACE OF NON-JUDICIAL DISSOLUTION
- REVOCATION OF A VOLUNTARY DISSOLUTION PROCEEDING

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

THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR
MANAGEMENT. THE BOARD OF DIRECTORS RECEIVED A FINAL COPY OF THE RETURN
BEFORE IT WAS FILED WITH THE IRS.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH
BOARD-DELEGATED POWERS ANNUALLY SIGNS A CONFLICT OF INTEREST STATEMENT.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

DRESS FOR SUCCESS WORLDWIDE

Employer identification number

13-4040377

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASES FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

ANNUALLY, CEO SALARY AND RESPONSIBILITIES AND ACCOMPLISHMENTS ARE REVIEWED BY THE PERSONNEL/EXECUTIVE COMMITTEE OF THE BOARD. COMPARABLE DATA IS USED TO DECIDE SALARY RANGES BASED UPON SIMILAR ORGANIZATIONS WITH LIKE BUDGETS. THE COMPENSATION PROCESS IS DISCUSSED AND DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.