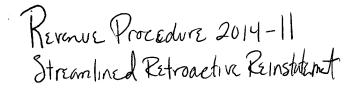
# Form 1023 Checklist





Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

**Note.** Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

|              | nplete.                                    | nave not                 | answered a                      | II the items below, y                             | our appli              | cation ma     | y be return    | ed to you as      |        |
|--------------|--|--------------------------|---------------------------------|---|------------------------|---------------|----------------|-------------------|--------|
| <b>✓</b>     | • Form 1023                                | Checklis                 | t                               | rials in this order:<br>d Declaration of Repi     | resentative            | e (if filing) |                |                   |        |
|              | • Form 8821                                | , Tax Info               | rmation Autho                   | orization (if filing)                             |                        |               |                |                   |        |
|              | <ul> <li>Expedite re</li> </ul>            |                          | . 0,                            |   |                        |               |                |                   |        |
|              |  |                          |                                 | dules A through H, as                             | s required             | )             |                |                   |        |
|              | <ul> <li>Articles of</li> </ul>            | -                        |                                 |   |                        |               |                |                   |        |
|              |  |                          |                                 | zation in chronologica                            | al order               |               |                |                   |        |
|              |  |                          | •                               | n and amendments                                  |                        |               |                |                   |        |
|              |  |                          |                                 | ory policy for schools                            |                        |               |                |                   |        |
|              | Expenditure                                | es To Infl               | uence Legisla                   | · •   |                        |               |                |                   |        |
|              | <ul> <li>All other at each page</li> </ul> | tachment<br>with nam     | s, including e<br>e and EIN.    | xplanations, financial                            | data, and              | I printed m   | naterials or p | oublications. Lab | el     |
| $\checkmark$ | User fee payr<br>money order               | ment plac<br>to your a   | ed in envelop<br>pplication. In | pe on top of checklist<br>stead, just place it in | . DO NOT<br>the envelo | STAPLE ope.   | or otherwise   | attach your che   | ck or  |
| $\checkmark$ | Employer Ide                               | ntificatior              | Number (EIN                     | N)  |                        |               |                |                   |        |
| <b>√</b>     | Completed Paschedules A                    | arts I thro<br>through I | ough XI of the                  | application, including                            | g any requ             | uested info   | ormation and   | d any required    |        |
|              | <ul> <li>Generalizat you as tax</li> </ul> | ions or fa<br>exempt.    | ilure to answ                   | about your past, pre<br>er questions in the Fo    | orm 1023               | application   | n will preven  | t us from recogr  | nizing |
|              |  |                          |                                 | osed activities in spe<br>espond with proposed    |                        |               | od terms.      |                   |        |
| $\checkmark$ | Schedules. S                               | ubmit onl                | y those sche                    | dules that apply to yo                            | ou and che             | eck either    | "Yes" or "No   | o" below.         |        |
|              | Schedule A                                 | Yes                      | No <u></u> ✓                    | Schedule E  | Yes                    | No <u></u> ✓  |                |                   |        |
|              | Schedule B                                 | Yes                      | No <u>✓</u>                     | Schedule F  | Yes                    | No <u>✓</u>   |                |                   |        |
|              | Schedule C                                 | Yes                      | No_✓                            | Schedule G  | Yes                    | No_           |                |                   |        |
|              | Schedule D                                 | Yes                      | No <u>✓</u>                     | Schedule H  | Yes                    | No <u>✓</u>   |                |                   |        |
|              |  |                          |                                 |   |                        |               |                |                   |        |

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
  - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Pg 1, Art III, Para 1
  - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law
     Pg 3, Art X, Para 1
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
  - Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service P.O. Box 192 Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service 201 West Rivercenter Blvd. Attn: Extracting Stop 312 Covington, KY 41011 DERBY CITY DOG RESCUE

% SHANNON RILEY

Date of this notice: 03-17-2011

Employer Identification Number: 45-0680630

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-0680630. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service PO Box 12192 Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements and on provisions of the Pension Protection Act of 2006 that may affect you.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

| Keep this part for | r your records |
|--------------------|----------------|
|--------------------|----------------|

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 03-17-2011
( ) - EMPLOYER IDENTIFICATION NUMBER: 45-0680630
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

DERBY CITY DOG RESCUE % SHANNON RILEY

A new interactive version of Form 1023 is available at <u>StayExempt.irs.gov</u>. It includes prerequisite questions, auto-calculated fields, help buttons and links to relevant information.

Streamlined Retroactive Reinstate
MET

Form 1023
(Rev. December 2013)
Department of the Treasury

Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

▶ (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

(00) OMB No. 1545-0056

Note: If exempt status is approved, this application will be open

for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

| Pai   | rt I Identification of Applicant   |  |   |             |              |
|-------|--|--|---|-------------|--------------|
| 1     | Full name of organization (exactly as it appears in your organizing  | document)  | 2 c/o Name (if applica  | able)       |              |
| Der   | by City Dog Rescue   |  |   |             |              |
| 3     | Mailing address (Number and street) (see instructions)   | Room/Suite   | 4 Employer Identification N   | umber (EIN) |              |
| РО    | Box 99236  |  | 45-06   | 80630       |              |
|       | City or town, state or country, and ZIP + 4  |  | 5 Month the annual accour   |             | ls (01 – 12) |
| Lou   | isville, KY 40269  |  |   | 9           | ( /_/        |
| 6     | Primary contact (officer, director, trustee, or authorized repres  | sentative)   |   |             |              |
|       | a Name: Jeffrey Duff Jr  |  | <b>b</b> Phone:   |             | Ī            |
|       |  |  | c Fax: (optional)   |             |              |
| 8     | representative's firm. Include a completed Form 2848, <i>Power of Representative</i> , with your application if you would like us to complete the structure or activities of your organization, or about your first provide the person's name, the name and address of the person that the structure or activities of your organization. | es, employees,<br>elp plan, mana<br>nancial or tax n | h your representative.  or an authorized ge, or advise you about natters? If "Yes," | ☐ Yes       | ☑ No         |
| _     | promised to be paid, and describe that person's role.  |  |   |             |              |
|       | Organization's website: http://www.derbycitydogrescue.org  |  |   |             |              |
| b     | Organization's email: (optional) derbycitydogrescue@gmail.c  | om   |   |             |              |
| 10    | Certain organizations are not required to file an information ret are granted tax-exemption, are you claiming to be excused fro "Yes," explain. See the instructions for a description of organiz Form 990-EZ.   | m filing Form 9                                      | 990 or Form 990-EZ? If  |             | ☑ No         |
| 11    | Date incorporated if a corporation, or formed, if other than a c   | orporation. (  | MM/DD/YYYY) 03 /  | / 17 /      | 2011         |
| 12    | Were you formed under the laws of a foreign country? If "Yes," state the country.  |  |   | ☐ Yes       | ☑ No         |
| Ear I | Panenyark Peduation Act Nation and page 24 of the instructions   |  |   | - 1002      | /D 10 0010   |

| Par  | Compensation and Employees, and In  | Other Financial Arrange dependent Contractors (  | ments With Your Officers, Directors,   | Trustees   | ),                                      | ige 3          |
|------|---|--|--|--|---|----------------|
| b    | receive compensation of mor   | e than \$50,000 per year. Use  | the actual figure, if available. Refer to the  | instructions   | or will<br>s for                        |                |
| Name |   | Title  | Mailing address  |  |   |                |
|      |   |  |  | ss who receive or the instructions of the instruction of the inst |   |                |
|      |   | nesses, and mailing addresses of your five highest compensated independent on force than \$50,000 per year. Use the actual figure, if avail what to include as compensation.  Title Mailing address  Truste or trustees related to each other through family or business  y the individuals and explain the relationship.  Mailing address  Trustees or trustees related to your highest compensated employees or dent contractors listed on lines 1b or 1c through family or business  the individuals and explain the relationship.  Cors, trustees, highest compensated employees, and highest ntractors listed on lines 1a, 1b, or 1c, attach a list showing their name, worked, and duties.  Ors, trustees, highest compensated employees, and highest ntractors listed on lines 1a, 1b, or 1c receive compensation from any ax exempt or traxable, that are related to you through common individuals, explain the relationship between you and the other compensation arrangement.  In for your officers, directors, trustees, highest compensated empaded, although they are not required to obtain exemption. Answer |  |  |   |                |
|      |   |  |  |  |   |                |
|      |   |  |  |  |   |                |
|      |   |  |  |  |   |                |
| С    | that receive or will receive co   | mpensation of more than \$50   | 0,000 per year. Use the actual figure, if avail  | pendent co<br>ilable. Refe   | ntractor<br>r to the                    | rs             |
| Name |   | Title  | Mailing address  |  |   |                |
|      |   |  |  |  |   |                |
|      |   |  |  |  | *************************************** |                |
|      |   |  |  |  |   | ••••           |
|      |   |  |  |  |   | •              |
|      | A STAN AND | ·  |  |  |   |                |
|      |   |  |  |  |   |                |
|      | Are any of your officers, direct  | tors, or trustees related to ea  | ach other through family or business   |  |   | No             |
| b    | Do you have a business relat through their position as an o   | ionship with any of your office officer, director, or trustee? If  | ers, directors, or trustees other than "Yes," identify the individuals and describe                              |  | ; <b>Z</b>                              | No             |
| С    | highest compensated independent   | ndent contractors listed on lin  | nes 1b or 1c through family or business  | ☐ Yes  | <b>. Z</b>                              | No             |
| 3a   |   | ontractors listed on lines 1a, 1   |  |  |   |                |
| b    | compensated independent co<br>other organizations, whether  | ontractors listed on lines 1a, 1<br>tax exempt or taxable, that a<br>individuals, explain the relati   | lb, or 1c receive compensation from any re related to you through <b>common</b> onship between you and the other | ☐ Yes  | . <b>Z</b>                              | Νo             |
| 4    | employees, and highest com  | pensated independent contra-<br>imended, although they are n   | ctors listed on lines 1a, 1b, and 1c, the  |  |   | •••            |
| b    | Do you or will you approve c  | ompensation arrangements in  | advance of paying compensation?  | ☑ Yes  |   | No<br>No<br>No |

|             | 1023 (Rev. 12-2013) (00) Name: Derby City Dog Rescue   | EIN:   |   | 068063 |       | Pa                 | ige 4 |
|-------------|--|--|---|--------|-------|--------------------|-------|
| Par         | rt V Compensation and Other Financial Arrangements With Your Officer Employees, and Independent Contractors (Continued)  | s, Dire  | ctors                                     | , Trus | tees, |                    |       |
| d           | Do you or will you record in writing the decision made by each individual who decided compensation arrangements?   | or vote  | d on                                      | Z      | Yes   |                    | No    |
| е           | Do you or will you approve compensation arrangements based on information about compensationally situated taxable or tax-exempt organizations for similar services, current compensations by independent firms, or actual written offers from similarly situated organizations instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensations.   | ation su   | irvevs                                    | y 🗹    | Yes   |                    | No    |
| f           | Do you or will you record in writing both the information on which you relied to base you and its source?  | our dec  | ision                                     | Z      | Yes   |                    | No    |
|             | If you answered "No" to any item on lines 4a through 4f, describe how you set comperer reasonable for your officers, directors, trustees, highest compensated employees, and compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.   | nsation<br>highes  | that is<br>t                              | •      |       |                    |       |
| 5a          | Have you adopted a <b>conflict of interest policy</b> consistent with the sample conflict of in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain he has been adopted, such as by resolution of your governing board. If "No," answer lines   | w the r  | olicv                                     | Z      | Yes   |                    | No    |
| b           | What procedures will you follow to assure that persons who have a conflict of interest influence over you for setting their own compensation?  | will not   | have                                      |        |       |                    |       |
| С           | What procedures will you follow to assure that persons who have a conflict of interest influence over you regarding business deals with themselves?  | will not   | have                                      |        |       |                    |       |
|             | <b>Note:</b> A conflict of interest policy is recommended though it is not required to obtain e Hospitals, see Schedule C, Section I, line 14.   | xemptio  | on.                                       |        |       |                    |       |
| 6a          | Do you or will you compensate any of your officers, directors, trustees, highest compensate and highest compensated independent contractors listed in lines 1a, 1b, or 1c through <b>non-payments</b> , such as discretionary bonuses or revenue-based payments? If "Yes," describe a compensation arrangements, including how the amounts are determined, who is eligible for arrangements, whether you place a limitation on total compensation, and how you determine that you pay no more than reasonable compensation for services. Refer to the inspart V, lines 1a, 1b, and 1c, for information on what to include as compensation.   | -fixed<br>   non-fi:<br>such<br>e or will                | xed                                       |        | Yes   | Z                  | No    |
| b           | Do you or will you compensate any of your employees, other than your officers, direct or your five highest compensated employees who receive or will receive compensation \$50,000 per year, through non-fixed payments, such as discretionary bonuses or rever payments? If "Yes," describe all non-fixed compensation arrangements, including how are or will be determined, who is or will be eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that more than reasonable compensation for services. Refer to the instructions for Part V, li and 1c, for information on what to include as compensation. | of mor<br>lue-bas<br>the am-<br>place<br>you pa          | e than<br>ed<br>ounts<br>or will<br>ov no | 1      | Yes   | Z                  | No    |
| 7a          | Do you or will you purchase any goods, services, or assets from any of your officers, of trustees, highest compensated employees, or highest compensated independent control lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to me whom you make or will make such purchases, how the terms are or will be negotiated length, and explain how you determine or will determine that you pay no more than fa value. Attach copies of any written contracts or other agreements relating to such purchases.   | actors I<br>ake, fro<br>at <b>arm</b><br>i <b>r mark</b> | isted i<br>om<br>'s                       |        | Yes   | Z                  | No    |
| b           | Do you or will you sell any goods, services, or assets to any of your officers, directors, highest compensated employees, or highest compensated independent contractors lis 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whor will make such sales, how the terms are or will be negotiated at arm's length, and exp determine or will determine you are or will be paid at least fair market value. Attach co written contracts or other agreements relating to such sales.  | ted in li<br>n you m<br>lain hov                         | nes 1a<br>nake o<br>v vou                 | 1.     | Yes   | <b>\rightarrow</b> | No    |
| 8a          | Do you or will you have any leases, contracts, loans, or other agreements with your offit trustees, highest compensated employees, or highest compensated independent contrallines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.  |  |   |        | Yes   | Z                  | No    |
| c<br>d<br>e |  |  |   |        |       |                    |       |
| 9a          | Do you or will you have any leases, contracts, loans, or other agreements with any org which any of your officers, directors, or trustees are also officers, directors, or trustees any individual officer, director, or trustee owns more than a 35% interest? If "Yes," pro information requested in lines 9b through 9f.  | , or in v  | vhich                                     |        | Yes   | Z                  | No    |

#### Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Part V **Employees, and Independent Contractors** (Continued)

- **b** Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- **d** Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.

| T           | Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.   |       |         |      |        |
|-------------|--|-------|---------|------|--------|
| _           | rt VI Your Members and Other Individuals and Organizations That Receive Benefits Fr  | om    | You     |      |        |
| The of yo   | following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and or<br>our activities. Your answers should pertain to past, present, and planned activities. (See instructions.)  | rgani | zations | as p | art    |
| 1a          | In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.   | Z     | Yes     |      | No     |
| b           | In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.   | Ø     | Yes     |      | No     |
| 2           | Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.   |       | Yes     | Ø    | No     |
| 3           | Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  |       | Yes     | Z    | No     |
|             | rt VII Your History  |       |         |      |        |
|             | following "Yes" or "No" questions relate to your history. (See instructions.)  |       |         |      |        |
| 1           | Are you a <b>successor</b> to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.  |       | Yes     | ₽Z)  | No     |
| 2           | Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.  |       | Yes     | Z    | No     |
| Pai         | rt VIII Your Specific Activities   | ·     |         |      | ······ |
| The<br>ansv | following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropri<br>wers should pertain to past, present, and planned activities. (See instructions.)  | ate b | ox. Yo  | ur   |        |
| 1           | Do you support or oppose candidates in political campaigns in any way? If "Yes," explain.  |       | Yes     | V    | No     |
| 2a          | Do you attempt to <b>influence legislation</b> ? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.  |       | Yes     | Z    | No     |
| b           | Have you made or are you making an <b>election</b> to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.   |       | Yes     | Z    | No     |
| За          | Do you or will you operate bingo or <b>gaming</b> activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. <b>Revenue and expenses</b> should be provided for the time periods specified in Part IX, Financial Data.   |       | Yes     | Z    | No     |
| b           | Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. |       | Yes     | Ø    | No     |
| С           | List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.  |       |         |      |        |

|    |  | EIN: 45 - 06                | 680630    | Pa       | age <b>6</b> |
|----|--|-----------------------------|-----------|----------|--------------|
| Pa | rt VIII Your Specific Activities (Continued)   |                             |           |          |              |
| 4a | Do you or will you undertake <b>fundraising</b> ? If "Yes," check all the fundraising programs you conduct. (See instructions.)  | ou do or will               | ☐ Yes     |          | No           |
|    | ✓ mail solicitations       □ phone solicitations         ✓ email solicitations       ✓ accept donations on your websi         ✓ personal solicitations       □ receive donations from another of the personal solicitations         □ vehicle, boat, plane, or similar donations       ✓ government grant solicitations         ✓ Other  |                             | s website |          |              |
|    | Attach a description of each fundraising program.  |                             |           |          |              |
| b  | Do you or will you have written or oral contracts with any individuals or organizations to for you? If "Yes," describe these activities. Include all revenue and expenses from these and state who conducts them. Revenue and expenses should be provided for the time p specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.   | activities                  | ☐ Yes     | Z        | No           |
| С  | Do you or will you engage in fundraising activities for other organizations? If "Yes," descrarrangements. Include a description of the organizations for which you raise funds and at of all contracts or agreements.  | ibe these<br>ttach copies   | ☐ Yes     | Ø        | No           |
| d  | List all states and local jurisdictions in which you conduct fundraising. For each state or lipitized jurisdiction listed, specify whether you fundraise for your own organization, you fundraise organization, or another organization fundraises for you.  | ocal<br>for another         |           |          |              |
| е  | Do you or will you maintain separate accounts for any contributor under which the contributor the right to advise on the use or distribution of funds? Answer "Yes" if the donor may proon the types of investments, distributions from the types of investments, or the distribution donor's contribution account. If "Yes," describe this program, including the type of advice be provided and submit copies of any written materials provided to donors. | ovide advice<br>on from the | ☐ Yes     | Z        | No           |
| 5  | Are you affiliated with a governmental unit? If "Yes," explain.  |                             | ☐ Yes     | Z        | No           |
|    | Do you or will you engage in <b>economic development</b> ? If "Yes," describe your program. Describe in full who benefits from your economic development activities and how the act promote exempt purposes.   | ivities                     | ☐ Yes     | Z        | No           |
| 7a | Do or will persons other than your employees or volunteers <b>develop</b> your facilities? If "Ye each facility, the role of the developer, and any business or family relationship(s) between developer and your officers, directors, or trustees.  | es," describe<br>the        | ☐ Yes     | <b>7</b> | No           |
| b  | Do or will persons other than your employees or volunteers <b>manage</b> your activities or fac "Yes," describe each activity and facility, the role of the manager, and any business or far relationship(s) between the manager and your officers, directors, or trustees.  | ilities? If<br>mily         | ☐ Yes     | Z        | No           |
| С  | If there is a business or family relationship between any manager or developer and your directors, or trustees, identify the individuals, explain the relationship, describe how continuous negotiated at arm's length so that you pay no more than fair market value, and submit a contracts or other agreements.   | racts are                   |           |          |              |
| 8  | Do you or will you enter into <b>joint ventures</b> , including partnerships or <b>limited liability co</b> treated as partnerships, in which you share profits and losses with partners other than se 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.  | ection                      | ☐ Yes     | Z        | No           |
| 9a | Are you applying for exemption as a childcare organization under section 501(k)? If "Yes, lines 9b through 9d. If "No," go to line 10.   | " answer                    | ☐ Yes     | Z        | No           |
| b  | Do you provide child care so that parents or caretakers of children you care for can be <b>g employed</b> (see instructions)? If "No," explain how you qualify as a childcare organization in section 501(k).  | ainfully<br>described       | ☐ Yes     |          | No           |
| С  | Of the children for whom you provide child care, are 85% or more of them cared for by yenable their parents or caretakers to be gainfully employed (see instructions)? If "No," ex you qualify as a childcare organization described in section 501(k).  | /ou to<br>plain how         | ☐ Yes     |          | No           |
| d  | Are your services available to the general public? If "No," describe the specific group of whom your activities are available. Also, see the instructions and explain how you qualify childcare organization described in section 501(k).  |                             | ☐ Yes     |          | No           |
| 10 | Do you or will you publish, own, or have rights in music, literature, tapes, artworks, chore scientific discoveries, or other intellectual property? If "Yes," explain. Describe who own own any copyrights, patents, or trademarks, whether fees are or will be charged, how the determined and how any items are or will be produced, distributed, and marketed  | ns or will                  | ✓ Yes     |          | No           |

| Form | 1023 (Rev. 12-2013) (00) Name: <b>Derby City Dog Rescue</b> EIN: <b>45</b> – <b>0</b> 6  | 880630  | Page 7 |
|------|--|---------|--------|
| Pai  | t VIII Your Specific Activities (Continued)  |         |        |
| 11   | Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.  | ☐ Yes   | ☑ No   |
| 12a  | Do you or will you operate in a <b>foreign country</b> or <b>countries?</b> If "Yes," answer lines 12b through 12d. If "No," go to line 13a.   | ☐ Yes   | ☑ No   |
|      | Name the foreign countries and regions within the countries in which you operate.  |         |        |
|      | Describe your operations in each country and region in which you operate.  |         |        |
| d    | Describe how your operations in each country and region further your exempt purposes.  |         |        |
|      | Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.   | ☐ Yes   | ☑ No   |
| b    | Describe how your grants, loans, or other distributions to organizations further your exempt purposes.   |         |        |
| С    | Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.  | ☐ Yes   | ☐ No   |
| d    | Identify each recipient organization and any relationship between you and the recipient organization.  |         |        |
| е    | Describe the records you keep with respect to the grants, loans, or other distributions you make.  |         |        |
| f    | Describe your selection process, including whether you do any of the following:  | _       |        |
|      | (i) Do you require an application form? If "Yes," attach a copy of the form.   | Yes Yes | ☐ No   |
|      | (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. | ☐ Yes   | □ No   |
| 9    | Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.  |         |        |
| 14a  | Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.  | ☐ Yes   | ☑ No   |
| b    | Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.  |         |        |
| С    | Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.  | ☐ Yes   | ☐ No   |
| d    | Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.   | ☐ Yes   | □ No   |
| е    | Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.   | ☐ Yes   | □ No   |
| f    | Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.  | ☐ Yes   | □ No   |

| Form      | 1023 (Rev. 12-2013) (00) Name: Derby City Dog Rescue   | 0680630 | Pa       | ige 8 |
|-----------|--|---------|----------|-------|
| Pa        | rt VIII Your Specific Activities (Continued)   |         |          | -3    |
| <u>15</u> | Do you have a close connection with any organizations? If "Yes," explain.  | ☐ Yes   | Z        | No    |
| 16        | Are you applying for exemption as a <b>cooperative hospital service organization</b> under section 501(e)? If "Yes," explain.  | ☐ Yes   | V        | No    |
| 17        | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain.   | ☐ Yes   | <b>7</b> | No    |
| 18        | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain.  | ☐ Yes   | V        | No    |
| 19        | Do you or will you operate a <b>school</b> ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.   | ☐ Yes   | V        | No    |
| 20        | Is your main function to provide hospital or medical care? If "Yes," complete Schedule C.  | ☐ Yes   | Z        | No    |
| 21        | Do you or will you provide <b>low-income housing</b> or housing for the <b>elderly</b> or <b>handicapped</b> ? If "Yes," complete Schedule F.  | ☐ Yes   | Z        | No    |
| 22        | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | o 🗌 Yes | Z        | No    |
|           | Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.   |         |          |       |

#### Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

|          |    |   | A. Statement of               | of Revenues and                | Expenses                       |                                |  |
|----------|----|---|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
|          |    | Type of revenue or expense  | Current tax year              | 3 prior tax                    | years or 2 succeedin           | g tax years                    | · · · · · · · · · · · · · · · · · · ·  |
|          |    |   | (a) From 1/1/14<br>To 12/1/14 | (b) From 1/1/13<br>To 12/31/13 | (c) From 1/1/12<br>To 12/31/12 | (d) From 1/1/11<br>To 12/31/11 | (e) Provide Total for (a) through (d)  |
|          | 1  | Gifts, grants, and contributions received (do not include unusual grants)   | \$41,535.00                   | \$49,509.03                    | \$30,639.40                    | \$4,433.35                     | \$126,116.78   |
|          | 2  | Membership fees received  |                               |                                |                                |                                |  |
|          | 3  | Gross investment income   |                               |                                |                                |                                |  |
|          | 4  | Net unrelated business income   |                               |                                |                                |                                |  |
|          | 5  | Taxes levied for your benefit   |                               |                                |                                |                                |  |
| Revenues | 6  | Value of services or facilities<br>furnished by a governmental<br>unit without charge (not<br>including the value of services<br>generally furnished to the<br>public without charge) |                               |                                |                                |                                |  |
| Rev      | 7  | Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)   | \$1,200.00                    | \$4,119.36                     | \$3,428.58                     | \$671.00                       | \$9,418.94   |
|          | 8  | Total of lines 1 through 7  | \$42,735.00                   | \$53,628.39                    | \$34,067.98                    | \$5,104.35                     | \$135,535.72   |
|          | 9  | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)    | \$25,475.00                   | \$32,342.31                    | \$14,437.47                    | \$150.00                       | \$72,404.78  |
|          | 10 | Total of lines 8 and 9  | \$68,210.00                   | \$85,970.70                    | \$48,505.45                    | \$5,254.35                     | \$207,940.50   |
|          | 11 | Net gain or loss on sale of capital assets (attach schedule and see instructions)   |                               |                                |                                |                                |  |
|          | 12 | Unusual grants  |                               |                                |                                |                                |  |
|          | 13 | Total Revenue<br>Add lines 10 through 12  | \$68,210.00                   | \$85,970.70                    | \$48,505.45                    | \$5,254.35                     | \$207,940.50   |
|          | 14 | Fundraising expenses  | \$1,200.00                    | \$3,358.04                     | \$2,583.77                     | \$1,005.00                     |  |
|          | 15 | Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)  |                               |                                |                                |                                | Company of the second s |
|          | 16 | Disbursements to or for the benefit of members (attach an itemized list)  |                               |                                |                                |                                |  |
| Expenses | 17 | Compensation of officers, directors, and trustees   |                               |                                |                                |                                | in the Allendary   |
| ē        | 18 | Other salaries and wages  |                               |                                |                                |                                |  |
| X        | 19 | Interest expense  |                               |                                |                                |                                |  |
| _        | 20 | Occupancy (rent, utilities, etc.)   | \$607.00                      | \$391.38                       |                                |                                |  |
|          | 21 | Depreciation and depletion  |                               |                                |                                |                                | 2.0  |
|          | 22 | Professional fees   | \$2,012                       | \$821.41                       | \$155.00                       |                                |  |
|          | 23 | Any expense not otherwise classified, such as program services (attach itemized list)   | \$65,789.00                   | \$82,754.03                    | \$41,729.23                    | \$3,293.88                     |  |
|          | 24 | Total Expenses<br>Add lines 14 through 23   | \$69,608.00                   | \$87,324.86                    | \$44,468.00                    | \$4,298.88                     |  |

|          | B. Balance Sheet (for your most recently completed tax year)  | Y             | ear End: | 20           | 13   |
|----------|---|---------------|----------|--------------|------|
|          | Assets  |               | (Whole   | dolla        | ırs) |
| 1        | Cash  | _             |          | 5,902        | 2.77 |
| 2        | Accounts receivable, net  |               |          |              |      |
| 3        | Inventories   |               |          |              |      |
| 4        | Bonds and notes receivable (attach an itemized list)  | $\rightarrow$ |          |              |      |
| 5        | Corporate stocks (attach an itemized list)  | _             |          |              |      |
| 6        | Loans receivable (attach an itemized list)  |               |          |              |      |
| 7        | Other investments (attach an itemized list)   |               |          |              |      |
| 8        | Depreciable and depletable assets (attach an itemized list)   |               |          |              |      |
| 9        | Land  | _             |          |              |      |
| 10       | Other assets (attach an itemized list)  |               |          |              |      |
| 11       | Total Assets (add lines 1 through 10)   | ı             |          |              |      |
|          | Liabilities   | _             | :        | 5,902        |      |
| 12       | Accounts payable  |               |          |              | 0    |
| 13       | Contributions, gifts, grants, etc. payable  | _             |          |              |      |
| 14       | Mortgages and notes payable (attach an itemized list)   |               |          |              |      |
| 15       | Other liabilities (attach an itemized list)   |               |          |              |      |
| 16       | Total Liabilities (add lines 12 through 15)   | <u>-</u>      |          |              | 0    |
| 4-       | Fund Balances or Net Assets   | .             |          |              | ^    |
| 17<br>18 | Total fund balances or net assets   | _             |          |              | 0    |
| 19       |   |               |          |              |      |
| פו       | shown above? If "Yes," explain.   | ┙,            | Yes      | $\checkmark$ | No   |
| Pai      | t X Public Charity Status   |               |          |              |      |
|          | Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed.  If you are unsure, see the instructions.   |               | Yes      | Z            | No   |
| b        | As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. |               |          |              |      |
| 2        | Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.   |               | Yes      |              | No   |
| 3        | Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.  |               | Yes      |              | No   |
| 4        | Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?   |               | Yes      |              | No   |
| 5        | If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of You may check only one box.   | of th         | ne choic | es b         | elow |
|          | The organization is not a private foundation because it is:   |               |          |              |      |
| а        | 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Sche   | edul          | e A.     |              |      |
| b        |   |               |          |              |      |
| С        | 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research  | ch            |          |              |      |
|          | organization operated in conjunction with a hospital. Complete and attach Schedule C.   |               |          |              |      |
| d        | 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.   | g, o          | r h      |              |      |

| Form   | 023 (Rev. 12-2013) (00) Name: Derby City Dog R   | escue  | EIN:  | 45 _   | 0680630  | Page <b>11</b> |
|--------|--|--|---|--|--|----------------|
| Par    | X Public Charity Status (Continued)  |  |   |  |  |                |
| e<br>f | 509(a)(4)—an organization organized and opera 509(a)(1) and 170(b)(1)(A)(iv)—an organization o operated by a governmental unit.  | ted exclusively for testing for public safet<br>perated for the benefit of a college or uni  | ty.<br>versity  | that   | is owned or  |                |
| g      | 509(a)(1) and 170(b)(1)(A)(vi)—an organization the of contributions from publicly supported organical contributions.   | at receives a substantial part of its financ<br>zations, from a governmental unit, or fron   | cial su<br>n the (  | pport<br>genera  | in the form<br>al public.  | Z              |
| h      | 509(a)(2)—an organization that normally receive investment income and receives more than or fees, and gross receipts from activities related   | e-third of its financial support from contr  | ribution  | ns. me   | embership  |                |
| i      | A publicly supported organization, but unsure in decide the correct status.  | it is described in 5g or 5h. The organiza  | ition w   | ould I   | ike the IRS to   |                |
| 6      | If you checked box g, h, or i in question 5 above, selecting one of the boxes below. Refer to the ins  | you must request either an advance or a d<br>tructions to determine which type of ruling   | lefinitiv<br>you ar   | <b>ve ruli</b><br>e eligit                               | i <b>ng</b> by<br>ole to receive.  |                |
| а      | Request for Advance Ruling: By checking this the Code you request an advance ruling and at excise tax under section 4940 of the Code. The at the end of the 5-year advance ruling period. years to 8 years, 4 months, and 15 days beyon the extension to a mutually agreed-upon period. Assessment Period, provides a more detailed eyou make. You may obtain Publication 1035 frestoll-free 1-800-829-3676. Signing this consent otherwise be entitled. If you decide not to exterruling. | gree to extend the statute of limitations of tax will apply only if you do not establis. The assessment period will be extended at the end of the first year. You have the stoft time or issue(s). Publication 1035, Example and the consequence of charge from the IRS web site at wwwill not deprive you of any appeal rights to | In the a<br>sh public for the<br>right to<br>tending<br>uences<br>w.irs.g | assess lic sup e 5 ac o refu g the s of th gov or ch vou | sment of opport status dvance ruling se or limit Tax le choices by calling a would |                |
|        | Consent Fixing Period of Limitations Upon A  | ssessment of Tax Under Section 4940 o  | of the  | Intern   | al Revenue Co  | de             |
|        | (Signature of Officer, Director, Trustee, or other authorized official)  | (Type or print name of signer)  (Type or print title or authority of signer)   |   | (Da  | te)  |                |
|        |  | (Type of print tide of authority of signer)  |   |  |  |                |
|        | For IRS Use Only   |  | <del></del>   |  |  |                |
|        | IRS Director, Exempt Organizations   |  |   | (Da  | ite)   |                |
| b      | Request for Definitive Ruling: Check this box you are requesting a definitive ruling. To confiring in line 5 above. Answer line 6b(ii) if you check answer both lines 6b(i) and (ii).  | n your public support status, answer line  | 6b(i) i   | f you  | checked box  |                |
|        | <ul><li>(i) (a) Enter 2% of line 8, column (e) on Part IX</li><li>(b) Attach a list showing the name and amounts gifts totaled more than the 2% amount.</li></ul>  | ount contributed by each person, compar  |   |  | zation whose   |                |
|        | (ii) (a) For each year amounts are included on Expenses, attach a list showing the nan answer is "None," check this box.   | lines 1, 2, and 9 of Part IX-A. Statement ne of and amount received from each <b>dis</b>   |   |  |  |                |
|        | payments were more than the larger of  | received from each payer, other than a d<br>(1) 1% of line 10, Part IX-A. Statement of   | lisquali  | ified p  | erson, whose   |                |
|        | Expenses, or (2) \$5,000. If the answer is   | ****   |   |  |  |                |
| 7      | Did you receive any unusual grants during any Revenues and Expenses? If "Yes," attach a list amount of the grant, a brief description of the   | including the name of the contributor, th  | ent of<br>e date  | and  | ☐ Yes  | ☑ No           |

#### Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

| 1                          | Have your annual gross receipts averaged or are they e  | expected to average not more than \$10,000?   |                | Yes     | Z No    |
|----------------------------|---|---|----------------|---------|---------|
|                            | If "Yes," check the box on line 2 and enclose a user fee  | e payment of \$400 (Subject to change—see above).   |                |         |         |
|                            | If "No," check the box on line 3 and enclose a user fee   | payment of \$850 (Subject to change—see above).   |                |         |         |
| 2                          | Check the box if you have enclosed the reduced user f   | ee payment of \$400 (Subject to change).  |                |         |         |
|                            |   |   |                |         |         |
| ррис                       | Check the box if you have enclosed the user fee paymer lare under the penalties of perjury that I am authorized to sign the cation, including the accompanying schedules and attachments, | is application on habilf of the above experiention and that I   | have oplete.   | examine | d this  |
| deci<br>applio             | are under the penalties of perjury that I am authorized to sign the cation, including the accompanying schedules and attachments, ase   | nis application on behalf of the above organization and that I<br>and to the best of my knowledge it is true, correct, and com                    | have on plete. | examine | ed this |
| declapplic<br>Plea<br>Sigr | are under the penalties of perjury that I am authorized to sign the cation, including the accompanying schedules and attachments, ase   | nis application on behalf of the above organization and that i<br>and to the best of my knowledge it is true, correct, and con<br>Jeffrey Duff Jr | iplete.        | examine | od this |
| deci                       | are under the penalties of perjury that I am authorized to sign the cation, including the accompanying schedules and attachments, ase   | nis application on behalf of the above organization and that I<br>and to the best of my knowledge it is true, correct, and com                    | have oplete.   | examine | od this |

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit A – Articles of Incorporation and Certificate of Incorporation (Part II, Line 1)

See attached.

# Articles of Incorporation of Derby City Dog Rescue

For the purposes of forming a non-profit Corporation in Kentucky pursuant to KRS Chapter KRS273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

#### Article I

The name of the Corporation is DERBY CITY DOG RESCUE, Inc.

#### Article II

The period of duration is perpetual

#### Article III

The Corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of 501(c)(3) of the Internal Revenue Code, or corresponding section of an future federal tax code. The Corporation may receive and administer funds for scientific, religious, education and charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 and to that end, the Corporation is empowered to hold an property, or any undivided interest therein, without limitation as to the amount or value; to dispose of any such property and to invest, reinvest, or deal with the principal or the income in such manner as, in the judgment of the directors, will best promote the purposes of the Corporation, without limitation, except such limitations, if any, as may be contained in the instrument under which such property is received, these Articles of Incorporation, the By-Laws of the Corporation, or any applicable laws, to do any other act or thing incidental to or connected with the foregoing purposes or in advancement thereof.

Specifically, the purpose of the Corporation is:

- Provide for the rescue, foster care and adoption of homeless working, herding and sporting dogs and other animals as means may permit
- Seek donations and volunteers to provide all services required as relates to operation of an animal rescue and /or adoption service
- Prevent well-balanced dogs from being euthanized at area shelters
- To rescue animals from situations that are abusive, endangering or neglectful

- Evaluate the dog's temperament so it can be matched and re-homed
- Foster dogs in a home environment and prevent the usual emotional trauma associated when animals are placed in a shelter, pound or rescue
- Work on basic training and commands before adoption
- Alleviate canine social issues by consulting with professional animal behaviorists
- To place rescued animals into permanent adoptive homes
- Transport dogs for adopters and qualified rescues
- To assist owners willing to keep their dogs, by finding new homes for their dogs, as an alternate to placing their dog in a public shelter or animal control facility
- Address any medical needs and ensure that dogs are fully vetted, spayed and neutered
- To educate and promote the importance of spaying/neutering companion animals
- Engage in any and all other activities, business or enterprise which is legal and/or necessary for the conduct of business

In pursuance of these purposes it shall have the powers to carry on any business or other activity which may be lawfully conducted by a Corporation organized under KRS Chapter 273, whether or not related to the foregoing purposes, and to do all things necessary, proper and consistent with maintaining tax exempt status under section 501(c)(3).

#### **Article IV**

The corporation will not have any members

#### Article V

The street address of the Corporation's initial registered office in Kentucky is Louisville, KY and the name of the initial registered agent at that office is Shannon Riley, who is a resident of the Commonwealth of Kentucky and a director of the Corporation.

#### **Article VI**

The mailing address of the Corporation's initial principal office is P.O. Box 99236, Louisville, KY 40269.

### **Article VII**

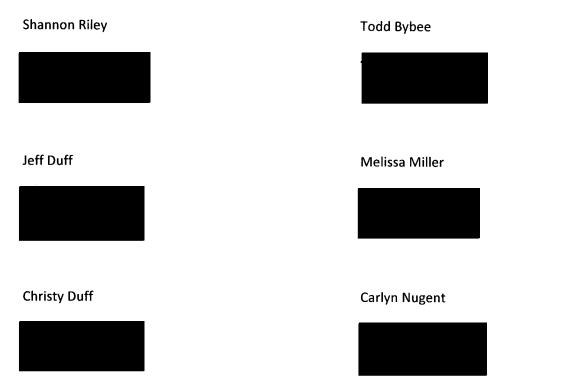
The territory in which the operations of the Corporation are principally to be conducted is the United States of America and its territories and possessions, but the operations of the Corporation shall not be limited to such territory.

#### **Article VIII**

The Corporation shall be governed by its Board of Directors.

### **Article IX**

The number of directors constituting the current board of directors is six (6), and the names and addresses, including street number, of the persons who currently serve as the directors are:



The members of the Board of Directors shall be those individuals elected, from time to time, in accordance with the Bylaws. Directors shall elect their successors.

#### **Article X**

The internal affairs of the Corporation shall be regulated by its Board of Directors as described in the Bylaws. Upon dissolution of the Corporation, its assets shall be disposed of exclusively for the purposes of the Corporation or distributed to such organizations organized and operated exclusively for charitable purposes which shall, at the time, qualify as exempt organizations under section 501(c)(3).

#### **Articles XI**

No part of the net earnings of the Corporation shall inure to the benefit of or be distributed to any director, employee or other individual, partnership, estate, trust, or corporation having a personal or private interest in the Corporation. Compensation for services actually rendered and reimbursement for expenses actually incurred in attending to the affairs of this Corporation shall be limited to reasonable amounts. No substantial amount of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and this Corporation shall not intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles or of any Bylaws adopted thereunder, this Corporation shall not take any action not permitted by the laws which then apply to this Corporation.

Date 8 17 14

Jeffrey Duff, Incorporator

I, Shannon Riley, consent to serve as the registered agent on behalf of the Corporation

Shannon Riley, Registered Agent

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit B - Bylaws

See attached.

## BYLAWs of Derby City Dog Rescue

# ARTICLE I NAME AND PURPOSES

Section 1.01 Name. The name of the organization is Derby City Dog Rescue

Section 1.02 Purpose. The Corporation is organized for the charitable and educational purposes of promoting responsible dog ownership and to bridge the gap between local animal shelters in Louisville, KY and rescues in an attempt to find placement for some of the many dogs in urgent situations in our area.

# ARTICLE II AUTHORITY AND DUTIES OF DIRECTORS

Section 2.01 Authority of Directors. The Board of Directors is the policy-making body and may exercise all the powers and authority granted of the Corporation by law.

Section 2.02 Number, Election, and Tenure. The Board shall consist of not less than three (3) directors, including a Director, Co-Director, Secretary and the Treasurer, and such other officers as the Board of Directors may designate. A Director may serve up to four (4) consecutive terms, but then may serve on the board in another capacity if appointed. A director can be reappointed back to the same chair after one (1) term off. The director, and secretary's terms shall end in even numbered years and the Co-Director and Treasurer's terms shall end in odd numbered years. Vacancies existing, by reason of resignation, death, incapacity or removal before the expiration of his/her term shall be filled by a majority vote of the remaining directors. In the event of a tie vote, the Director shall choose the succeeding director. Directors will elect their successors. A director elected to fill vacancy shall be elected for the unexpired term of the director's predecessors in office.

Section 2.03. Director. The director shall be a director of the Corporation and will preside at all meetings of the Board of Directors. The director shall perform all duties attendant to that office.

Section 2.04. Co-Director. The Co-Director shall be a director of the Corporation and will preside at all meetings of the Board of Directors in the absence of or request of the Director. The Co-Director shall perform other duties as requested and assigned by the Director.

Section 2.05. Secretary. The Secretary shall be a director of the Corporation and shall keep the minutes of all meetings of the Board of Directors in the books proper for that purpose, and shall perform such other duties as occasionally may be assigned by the Board of Directors.

- Section 2.06. Treasurer. The Treasurer shall be a director of the Corporation and shall report to the Board of Directors at each regular meeting on the status of the organization's finances. The Treasurer shall work closely with any paid executive staff if the Corporation to ascertain that appropriate procedures are being followed in the financial affairs of the Corporation, and shall perform such other duties as occasionally may be assigned by the Board of Directors.
- Section 2.07. Removal. An officer may be removed by the Board of Directors at a meeting, or by action in writing pursuant to Section 2.13, whenever in the Board's judgment the best interests of the Corporation will be served thereby. Any such removal shall be without prejudice to the contract rights, if any, of the person so removed.
- Section 2.08. Resignation. Resignations are effective upon receipt by the Secretary of the Corporation of written notification.
- Section 2.09. Regular Meetings. The Board of Directors shall hold at least four (4) regular meetings per calendar year. Meetings shall be at such dates, times and places as the Board shall determine.
- Section 2.10. Special Meetings. Special meetings shall be at such dates, times and places as the Board shall determine.
- Section 2.11. Notice. Meetings may be called by the Director or at the request of any two (2) members of the Board of Directors by notice emailed, mailed, faxed or telephoned to each member of the Board not less than forty-eight (48) hours before such meeting.
- Section 2.12. Quorum. A quorum shall consist of a majority of the Board attending in person, through teleconferencing or through web conferencing. All decisions will be by majority vote of those present at a meeting at which a quorum is present. If less than a majority of the directors is present at said meeting, a majority of the directors present may adjourn the meeting on occasion without further notice.
- Section 2.13. Action without a meeting. Any action required or permitted to be taken at a meeting of the Board of Directors (including amendment of these Bylaws) or of any committee may be taken without a meeting if all the members of the Board or committee consent in writing to taking the action without a meeting and to approving the specific action. Such consents shall have the same force and effect as a unanimous vote of the Board or of the committee as the case may be.
- Section 2.14. Participation in Meeting by Conference Telephone. Members of the Board may participate in a meeting through use of conference telephone, web conference or similar communications equipment, so long as members participating in such meeting can hear one another.
  - Section 2.15. Committees. The Board of Directors may, by resolution adopted by a majority of the Directions in office, establish committees of the Board composed of at least two (2) persons which,

except for an Executive committee, may include non-Board members. The Board may make such provisions for appointment of the director of such committees, establish such procedures to govern their activities, and delegate thereto such authority as may be necessary or desirable for the efficient management of the property, affairs and business, activities of the Corporation.

Section 2.16. Nominating Committee. There shall be a Nominating Committee, composed of the Director and at least two (2) other members if the Board of Directors. Each member of the committee shall have one (1) vote and decision shall be made by the majority.

Section 2.17. Reimbursement. Directors shall serve without compensation with the exception that expenses incurred in the furtherance of the Corporation's business are allowed to be reimbursed with documentation and approval by at least two (2) members of the Board of Directors.

Section 2.18. Paid Staff. The Board of Directors may hire such paid staff as they deem proper and necessary for the operations of the Corporation. The powers and duties of the paid staff shall be as assigned or as delegated to be assigned by the Board.

# ARTICLE III INDEMNIFICATION

Section 3.01. Governing Laws. Every member of the Board of Directors, officer or employee of the Corporation agrees that the laws of the Commonwealth of Kentucky will apply to the governance of the Corporation.

Section 3.02. Indemnification. Every member of the Board of Directors, officer or employee of the Corporation may be indemnified by the corporation against all expenses and liabilities, including counsel fees, reasonably incurred or imposed upon such member of the Board, officer or employee in connection with any threatened, pending or completed action, suit or proceeding to which she/he may become involved by reason of her/his being or having been a member of the Board, officer, or employee of the corporation, or any settlement thereof, unless adjusted therein to be liable for negligence or misconduct in the performance of his/her duties. Provided, however, that in the event of a settlement and reimbursement as being in the best in the best interest of the corporation. The foregoing right of indemnification shall be in addition and not exclusive of all other rights which such member of the Board, officer or employee is entitled.

# ARTICLE IV ADVISORY BOARDS AND COMMITTEES

Section 4.01. Establishment. The Board of Directors may establish one or more Advisory Boards or Committees.

Section 4.02. Size, Duration, and Responsibilities. The size, duration, and responsibilities of such Boards

or committees shall be established by a majority vote of the Board of Directors.

# ARTICLE V FINANCIAL ADMINISTRATION

Section 5.01. Fiscal Year. The fiscal year of the Corporation shall be January 1 – December 31 but may be changed by resolution of the Board of Directors.

Section 5.02. Checks, Drafts, Etc. All checks, orders for the payment of money, bills of lading, warehouse receipts, obligations, bills of exchange, and insurance certificates shall be signed or endorsed by such officer or officers or agents of the Corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors or of any committee to which such authority has been delegated by the Board.

Section 5.03. Deposits and Accounts. All funds of the Corporation, not otherwise employed, shall be deposited from time to time in general or special accounts in such banks, trust companies, or other depositories as the Board of Directors or any committee to which such authority has been delegated by the Board may select, or as may be selected by the Director or by any other officer or officers or agent or agents of the Corporation, to whom such power may from time to time be delegated by the Board. For the purpose of deposit and for the purpose of collection for that account of the Corporation, checks, drafts, and other orders of the Corporation may be endorsed, assigned, and delivered on behalf of the Corporation by any officer or agent of the Corporation.

Section 5.04. Investments. The funds of the Corporation may be retained in whole or in part in cash or be invested and reinvested on occasion in such property, real, personal, or otherwise, or stock, bonds, or other securities, as the Board of Directors in its sole discretion may deem desirable, without regard to the limitations, if any, now imposed or which may hereafter be imposed by law regarding such investments, and which are permitted to organizations exempt from Federal income taxation under Section 501(c)(3) of the Internal Revenue Code.

Section 5.05. Reports and Audits. Financial statements of the Corporation shall be prepared in accordance with Generally Accepted Accounting Principles (GAAP). An external compilation, review or audit of the financial statements of the Corporation shall be made annually within five (5) months of the end of the Corporation's fiscal year.

### ARTICLE VI BOOKS AND RECORDS

Correct books of account of the activities and transactions of the Corporation shall be kept in digital storage of the Corporation. These shall include a digital minute book, which shall contain a digital copy of the Certificate of Incorporation, a digital copy of these Bylaws, and all minutes of meetings of the Board of Directors.

# ARTICLE VII ARBITRATION OF GRIEVANCES

Any grievance of any member of the Board of Directors, officer or employee of the Corporation toward the Corporation of the Board shall be resolved only by arbitration proceedings, the results of which shall be final and binding. A grievance may only be presented with respect to a final action of the Board or the Corporation. Arbitration proceedings shall be subject to the following guidelines:

- (1) There may be one or three arbitrator(s) and each party shall have equal voice in the selection. The arbitrator(s) need not to hold membership in the Board.
  - (2) The Board shall act for the Corporation in any arbitration.
  - (3) Each party shall be entitled to reasonable notice of the claims, allegations, and evidence to be presented by the other party.
    - (4) Hearings shall be conducted informally.
    - (5) Parties shall be entitled to legal counsel at their own expense.
    - (6) The cost of arbitration shall be fairly and reasonably apportioned by the arbitrators.

# ARTICLE VIII AMENDMENT OF BYLAWS

These Bylaws may be amended by a majority vote of the Board of Directors, provided prior notice is given of the proposed amendment in the notice of the meeting at which such action is taken, or provided all members of the Board waive such notice, or by unanimous consent in writing without a meeting pursuant to Section 2.13.

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# <u>Exhibit C – Description of Activities</u> (Part IV)

Derby City Dog Rescue, Inc. (the "Applicant"), is a Kentucky nonprofit corporation that is organized and is operated exclusively to facilitate the rescue and rehabilitation of dogs in local and surrounding shelters and for related charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code").

The Applicant was created to coordinate a rescue network of volunteers and foster families to provide care to the rescue animals and adopt them out to adoptive homes. The Applicant will carry out this mission by developing relationships with potential fosters, volunteers, donors, business partners, and local/regional shelters in the Louisville, KY area.

Animals are rescued primarily from local Louisville area shelters in cases where they would otherwise be euthanized because of limited space. We also accept animals relinquished by the general public that are otherwise in danger of becoming strays or being euthanized.

Shelter Outreach: The applicant maintains a positive relationship with the local shelters by offering volunteer services including but not limited to; promoting dogs in need of rescue through weekly photograph sessions, posting and sharing photos with other approved rescues, and coordinating transports of dogs to these rescues.

Foster Network: Another key aspect of our rescue is the group of foster families for our rescued dogs. Each potential foster completes an application, undergoes 2-3 reference checks including vet, and submits to a home visit completed by our application team to determine their interest in and suitability for fostering.

Veterinary Support: A key piece of our network is promoting relationships with our local veterinary partners. We have developed agreements with several local vets to offer reduced cost services for our rescued dogs. Whatever reduction in fees we are able to negotiate are treated as donated services, but we provide necessary veterinary care for all rescued animals independent of cost. One of our main focuses as a rescue has been to help with those requiring specialized medical care such as heartworm treatment or fractured leg repair. We will continue to assist these animals in need at our local shelter as funds allow.

Charitable Purposes: Support services, education, outreach, and training are provided free of charge or at minimal cost and will be primarily funded through donations to the Applicant. In addition, the Applicant may seek grant funding.

Because we incur significant maintenance and veterinary costs per rescued animal, we recognize there is a significant need for donations from the community at large. We will charge a nominal fee for the adoption of each rescued animal of \$200 medical and other care. The difference between costs and fee will be made up through donations to our cause. Our current fundraising efforts consist of appeals to donors through word-of-mouth, social networking and direct mail efforts, and of events organized by our directors and other committed volunteers.

Finally, on an ongoing basis we have developed a network of volunteers who are able to help our cause in ways other than fostering animals. These volunteers help with fundraising events, marketing, and with the animals. Volunteers also help by transporting animals between adoption locations, foster homes, and other community settings where rescued animals may be shown to the public.

No part of the net earnings of the Applicant is inured to the benefit of, or distributable to, any of its members, trustees, officers, or other private persons, except that the Applicant is authorized to pay reasonable compensation for services rendered and to make payments and distributions on furtherance of its exempt purpose.

No substantial part of the activities of the Applicant are the carrying on of propaganda, or otherwise attempting to influence legislation, and the Applicant does not participate in, intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition of any candidate for public office.

The Applicant will not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

#### About DCDR

Derby City Dog Rescue (DCDR) was founded in early 2011 by a group of friends who bonded over a shared love of dogs and a desire to help shelter animals. Our initial aim was to bridge the gap between local animal shelters in Louisville, Kentucky, and approved rescues outside the state to facilitate placement of local dogs in urgent situations. To ease some of the difficulties that can arise when dealing with a government shelter, we provided quality photos of the animals, quality communication between the rescue and shelter, pulling assistance, and help with getting dogs to transports. Alongside these efforts, DCDR also began serving as a small local rescue--taking a very limited number of dogs from area shelters, placing them into foster homes, and handling their adoptions.

DCDR has since grown into one of the largest dog rescues in the area. At any given time, we have an average of 75-100 dogs in our local adoption program, and we still continue our efforts to get others to safety with our out-of-state partner rescues. To date, DCDR has saved nearly 2000 dogs with this combined approach.

Most DCDR dogs are rescued when they are out of time in the shelter or in need of medical treatment the shelter cannot provide. Our dogs live in volunteer foster homes, learning the basics of house life and receiving any veterinary treatment they may require.

DCDR also assists our local animal shelter by taking better photos of animals in need and marketing them through Facebook for rescue, foster, or adoption. We are a founding member, along with Slugger City Bully Buddies and Tails Pet Photography, of the Rescue Me! Pet Photography project. Rescue Me! connects professional photographers and rescues/shelters to produce professional photographs of their animals for marketing across Facebook, Petfinder, Adoptapet, and in area businesses. In addition, we partner with other rescues, shelters, and animal advocacy groups to participate in events and programs that raise awareness of, and work toward solutions to, the plight of homeless pets in our community.

All of our rescue efforts are accomplished by a small, all-volunteer group of dedicated individuals who work together to achieve the common goal of saving hearts, one paw at a time. These efforts are supported by an equally dedicated (and awesome!) base of foster homes, donors, and volunteers, whose support is instrumental to our success.

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# Exhibit D - Conflict of Interest Policy (Part V, Line 5a)

See attached.

It is in the best interest of *Derby City dog Rescue, Inc.* to be aware of and properly manage all conflicts of interest and appearances of a conflict of interest. This conflict of interest policy is designed to help current as well as future directors, officers, employees, and volunteers of the *Derby City dog Rescue, Inc.* indentify situations that present potential conflicts of interest and to provide *Derby City dog Rescue, Inc.* with a procedure to appropriately manage conflicts in accordance with legal requirements and the goals of accountability and transparency in *Derby City dog Rescue, Inc.*'s operations.

- 1. Conflict of Interest Defined. In this policy, a person with a conflict of interest is referred to as an "interested person." For purposes of this policy, the following circumstances shall be deemed to create a Conflict of Interest:
- a. A director, officer, employee or volunteer, including a board member (or family member of any of the foregoing) is a party to a contract, or involved in a transaction with *Derby City dog Rescue, Inc.* for goods or services.
- b. A director, officer, employee or volunteer, (or a family member of any of the foregoing) has a material financial interest in a transaction between *Derby City dog Rescue*, *Inc.* and an entity in which the director, officer, employee or volunteer, (or a family member of any of the foregoing) is a director, officer, agent, partner, associate, employee, trustee, personal representative, receiver, guardian, custodian, or other legal representative.
- c. A director, officer, employee or volunteer, (or family member of any of the foregoing) is engaged in some capacity or has a material financial interest in a business or enterprise that competes with *Derby City dog Rescue, Inc.*

Other situations may create the *appearance of a conflict*, or present a *duality of interests* in connection with a person who has influence over the activities or finances of the nonprofit. All such circumstances should be disclosed to the board or staff, as appropriate, and a decision made as to what course of action the organization or individuals should take so that the best interests of the nonprofit are not compromised by the personal interests of stakeholders in the nonprofit.

<u>Gifts, Gratuities and Entertainment.</u> Accepting gifts, entertainment or other favors from individuals or entities can also result in a conflict or duality of interest when the party providing the gift/entertainment/favor does so under circumstances where it might be inferred that such action was intended to influence or possibly would influence the interested person in the performance of his or her duties. This does not preclude the acceptance of items of normal or insignificant value or entertainment or nominal or insignificant value which are not related to any particular transaction or activity of *Derby City dog Rescue, Inc.* 

#### 2. Definitions.

- a. A "Conflict of Interest" is any circumstance described in Part 1 of this Policy.
- b. An "Interested Person" is any person serving as an officer, employee or member of the Board of Directors of *Derby City dog Rescue*, *Inc.* or a major donor to *Derby City dog Rescue*, *Inc.* or anyone else who is in a position of control over *Derby City dog Rescue*, *Inc.* who has a personal interest that is in conflict with the interests of *Derby City dog Rescue*, *Inc.*
- c. A "Member Agency" is any group, whether municipal or non-profit that has a representative on *Derby City dog Rescue, Inc.'s* Board of Directors. The Board of Directors will make the final decisions on projects the *Derby City dog Rescue, Inc.* will or will not support through financial of other means.
- d. A "Family Member" is a spouse, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister, of an interested person.
- e. A "Material Financial Interest" is an entity is a financial interest of any kind, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect an Interested Person's or Family Member's judgment with respect to transactions to which the entity is a party.
- f. A "Contract or Transaction" is any agreement or relationship involving the sale or purchase of goods, services, the providing or receipt of a loan or grant, the establishment of any other type of financial relationship, or the exercise of control over another organization. The making of a gift to Derby City dog Rescue, Inc. is not a Contract of Transaction.

#### 3. Procedures.

- a. Prior to board or committee action on a Contract of Transaction involving a Conflict of Interest, a director or committee member having a Conflict of Interest and who is in attendance at the meeting shall disclose all facts material of the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting. If board members are aware that staff or other volunteers have a conflict of interest, relevant facts should be disclosed by the board member or by the interested person him/herself if invited to the board meeting as a guest for purposes of disclosure.
- b. In regards to grants, goods and services, and other needs for "member agencies", members of the Board of Directors may speak about their agency's needs and present ideas and/or ask for financial support to fulfill that need at the regular board meetings or during future committee meetings. However, this board member or officer may not be involved in the vote or discussions when the board makes a decision on whether funds will be allocated to the

agency and/or the program will be supported.

- c. A director or committee member who plans not to attend a meeting at which he or she has a reason to believe that the board or committee will act on a matter in which the person has a Conflict of Interest shall disclose to the chair of the meeting all facts material of the Conflict of Interest. The chair shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting.
- d. A person who has Conflict of Interest shall not participate in or be permitted to hear the board's or committee's discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.
- e. A person who has a Conflict of Interest with respect to a Contract or Transaction that will be voted on at a meeting shall not be counted in determining the presence of a quorum for purposes of the vote.
- f. The person having a conflict of interest may not vote on the Contract or Transaction and shall not be present in the meeting room when the vote is taken, unless the vote is by secret ballot. Such person's ineligibility to vote shall be reflected in the minutes of the meeting. For purposes of this paragraph, a member of the Board of Directors of *Derby City dog Rescue, Inc.* has a Conflict of Interest when he or she stands for election as an officer or for re-election as a member of the Board of Directors.
- g. Interested Persons who are not members of the Board of Directors of *Derby City dog Rescue, Inc.*, or who have a Conflict of Interest with respect to a Contract or Transaction that is not the subject of Board or committee action, shall disclose to their supervisor, or the Chair, or the Chair's designee, any Conflict of Interest that such Interested Person has with respect to a Contract or Transaction. Such disclosure shall be made as soon as the Conflict of Interest is known to the Interested Person. The Interested Person shall refrain from any action that may affect *Derby City dog Rescue, Inc.'s* participation in such Contract or Transaction.

In the event it is not entirely clear that a Conflict of Interest exists, the individual with the potential conflict shall disclose the circumstances to his or her supervisor or the Chair or the Chair's designee, who shall determine whether full board discussion is warranted or whether there exists a Conflict of Interest that is subject to this policy.

#### 4. Compensation.

a. A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that

member's compensation.

b. A voting member of any committee whose jurisdiction includes compensation matters and who

receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.

c. No voting member of the governing board or committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

#### 5. Confidentiality.

Each director, officer, employee and volunteer shall exercise care not to disclose confidential information acquired in connection with disclosures of conflicts of interest or potential conflicts, which might be adverse to the interests of *Derby City dog Rescue*, *Inc.*. Furthermore, directors, officers, employees and volunteers shall not disclose or use information relating to the business of *Derby City dog Rescue*, *Inc.* for their personal profit or advantage or the persona profit of advantage of their Family Member(s).

#### 6. Violations of the Conflicts of Interest Policy.

- a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

#### 7. Records of Proceedings.

The minutes of the governing board and all committees with board delegated powers shall contain:

a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing

board's or committee's decision as to whether a conflict of interest in fact existed,

b. The names of persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

#### 8. Review of Policy.

- a. Each director, officer, employee and volunteer shall be provided with and asked to review a copy of this Policy and to acknowledge in writing that he or she has done so.
- b. Annually each director, officer, employee and volunteer shall complete a disclosure form indentifying any relationships, positions or circumstances in which she/he is involved that he or she believes could contribute to a Conflict of Interest. Such relationships, positions or circumstances might include services as a director of or consultant to another nonprofit organization, or ownership of a business that might provide goods or services to *Derby City dog Rescue, Inc.*. Any such information regarding the business interests of a director, officer, employee or volunteer, or Family Member thereof, shall be treated as confidential and shall generally be made available only to the Chair, the Executive Director, and any committee appointed to address Conflicts of Interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.
- c. This policy shall be reviewed annually by each member of the Board of Directors. Any changes to the policy shall be communicated to all staff and volunteers.

# **Basic Conflict of Interest Disclosure Form [insert date]**

| Date:  |
|--|
| Name:  |
| Position (employee/volunteer/trustee):   |
| Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between Derby City dog Rescue, Inc. and your personal interests, financial or otherwise:  |
| I have no conflict of interest to report   |
| I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any business you or a family member own): |
| 1  |
| 2  |
| 3  |
| I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of Derby  |
| City dog Rescue, Inc   |
| Signature:   |
| Date:  |

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit E – Services to Organization (Part VI, Line 1a & 1b)

Goods, services or funds provided to individuals

Derby City Dog Rescue, Inc. as part of its mission and activities, offers rescued dogs pulled from local and surrounding shelters or surrendered by owner, to the general public for adoption. All dogs come fully vetted including parvo/distemper and rabies vaccinations, spay/neuter, and microchip for a nominal fee. The Applicant offers a volunteer foster/adopter forum via social media in which fosters and adopters may inquire with regard to medical or behavioral concerns that they need addressed as they arise.

Derby City Dog Rescue, Inc. also offers education and training to citizens of the Louisville area. Educational and training services would include: new pet tips such as crate training, house training, and basic general obedience. This education training will be provided free of charge or minimal costs to individuals and will be primarily funded through donations to Derby City Dog Rescue, Inc. by private individuals and, by possibly grant funding in the future.

Good, services or funds provided to organizations

Derby City Dog Rescue, Inc. as part of this mission and activities, offers advertising services on a volunteer basis to local shelters, such as Louisville Metro Animal Services (LMAS), JB Ogle Animal Shelter, as well as other local rescues. Advertising services would include: weekly photo sessions for dogs in need of rescue or adoption at Louisville Metro Animal Services, sharing of those photos through social media such as Facebook and through email locally and with other rescue partners across the United States to obtain rescue commitments. Derby City Dog Rescue, Inc. also actively participates in transport coordination of animals that we locate committed rescue for from local shelters including, but not limited to, monitoring to ensure that the dogs are placed on a transport, preparing food and care items for the transport of the animal, and transporting the animals from the shelter to their transport meet locations.

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit F – Fundraising Program (Part VIII)

### 4a. Description of Fundraising Activities

Derby City Dog Rescue, Inc. is financed primarily through donations from private individuals. These donations are solicited in a variety of ways including direct mail, e-mail, personal solicitations, and website/social media appeals. Direct mail solicitations will be conducted on an annual basis and are directed at a mailing list developed from previous fundraising and event sign-in sheets, as well as lists of potential donors generated by Derby City Dog Rescue, Inc. volunteers. E-mail solicitations are conducted in a similar fashion to direct mail, but are also expanded through social networking websites, such as Facebook. Those electronic solicitations include recipients who opt into an e-mail list. Derby City Dog Rescue, Inc. board members will be responsible for making direct personal solicitations to potential donors whom they know, or whom they believe will have an interest in becoming a contributor.

The Derby City Dog Rescue, Inc. website includes a Paypal donation system that allows contributors to donate online and electronically, whether associated with a specific fundraising campaign/event or not. Website donations can be made at any time and in any amount, regardless of whether related to a solicitation or event.

Although no grant applications have been submitted by Derby City Dog Rescue, Inc. at this time, the organization plans to pursue private grant funding opportunities if 501(c)(3) status is approved. Target sources of funding will include organizations that support animal welfare causes.

### 4d. States and Local Jurisdictions Where Fundraising Will Be Conducted

All fundraising activities will be conducted by Derby City Dog Rescue, Inc. to benefit only Derby City Dog Rescue, Inc. and its mission.

Fundraising activities will take place throughout the state of Kentucky, potentially in all local jurisdictions, but primarily in Metro Louisville/Jefferson County jurisdiction. It is also possible that fundraising will take place in Southern Indiana in the jurisdictions of New Albany, IN and Jeffersonville, IN.

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Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit F – Fundraising Program (Part VIII)

Any educational literature and visual media, artwork, or other intellectual property developed by Derby City Dog Rescue, Inc. will be owned, copyrighted, trademarked, etc. by Derby City Dog Rescue, Inc. Production of educational material, artwork, etc. will be done, at least initially, mainly through volunteer efforts. Fees for use of owned material will vary. Distribution of literature will be done at both a local level through educational events and fundraisers and also via Derby City Dog Rescue, Inc.'s website.

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Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit G – Financial Data (Part IX)

See Attached

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit G – Financial Data (Part IX)

#7 – Itemized list of revenue not otherwise listed above

| <u>Item</u>              |  | Cost   |
|--------------------------|--|--|
| Fundraising Events/Sales | Total  | <u>\$671.00</u><br>\$671.00  |
| Fundraising Events/Sales | Total  | <u>\$3,428.58</u><br>\$3,428.58  |
| Fundraising Events/Sales | Total  | <u>\$4,119.36</u><br>\$4,119.36  |
| Fundraising Events/Sales | Total  | <u>\$1,200.00</u><br>\$1,200.00  |
|                          | Fundraising Events/Sales  Fundraising Events/Sales  Fundraising Events/Sales | Fundraising Events/Sales  Fundraising Events/Sales  Total  Fundraising Events/Sales  Total  Fundraising Events/Sales |

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit G – Financial Data (Part IX)

#9 - Itemized list of gross receipts from activities related to exempt purpose

| <u>Year</u>       | <u>Item</u>   |       | Cost        |
|-------------------|---------------|-------|-------------|
| 3/7/11-12/31/11   | Adoption Fees |       | \$150.00    |
|                   |               | Total | \$150.00    |
|                   |               |       |             |
| 1/1/12 - 12/31/12 | Adoption Fees |       | \$14,437.47 |
|                   |               | Total | \$14,437.47 |
|                   |               |       |             |
| 1/1/13 – 12/31/13 | Adoption Fees |       | \$32,342.31 |
|                   |               | Total | \$32,342.31 |
|                   |               |       |             |
| 1/1/14- 12/31/14  | Adoption Fees |       | \$25,475.00 |
|                   |               | Total | \$25,475.00 |

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

## Exhibit G - Financial Data

(Part IX)

#23 – Itemized list of expenses not otherwise classified

| <u>Year</u>       | <u>Item</u>             |       | <u>Cost</u>     |
|-------------------|-------------------------|-------|-----------------|
| 3/7/11-12/31/11   | Veterinary              |       | \$2,502.48      |
|                   | Supplies                |       | \$151.40        |
|                   | Misc. Organization Fees |       | \$165.00        |
|                   | Boarding                |       | <u>\$475.00</u> |
|                   |                         | Total | \$3,293.88      |
| 1/1/12 - 12/31/12 | Veterinary              |       | \$30,172.41     |
|                   | Supplies                |       | \$1,304.82      |
|                   | Misc. Organization Fees |       | \$2,871.32      |
|                   | Boarding                |       | \$7,620.68      |
|                   | Shelter Pull Fees       |       | \$30.00         |
|                   |                         | Total | \$41,729.23     |

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit G – Financial Data

(Part IX)

#23 – Itemized list of expenses not otherwise classified

| <u>Year</u>       | <u>Item</u>             |       | <u>Cost</u>     |
|-------------------|-------------------------|-------|-----------------|
| 1/1/13-12/31/13   | Veterinary              |       | \$55,481.70     |
|                   | Dog Trainer Fees        |       | \$613.50        |
|                   | Dog Boarding Fees       |       | \$23,759.00     |
|                   | Insurance               |       | \$1,808.82      |
|                   | Dog Food                |       | \$510.51        |
|                   | Transportation          |       | \$135.00        |
|                   | Misc. Admin Expenses    |       | <u>\$445.50</u> |
|                   |                         | Total | \$82,754.03     |
| 1/1/14 - 12/31/14 | Veterinary              |       | \$50,000.00     |
|                   | Supplies                |       | \$531.00        |
|                   | Misc. Organization Fees |       | \$258.00        |
|                   | Boarding                |       | \$15,000.00     |
|                   |                         | Total | \$65,789.00     |

Employer Identification Number: 45-0680630

Form 1023 – Application for Recognition of Exemption under Section 501(c)(3) of Internal Revenue Code

# Exhibit H – Compensation and Other Financial Arrangements With your Officers, Directors, Trustees, Employees, and Independent Contractors

(Part V)

1a Additional Board Member

Carlyn Nugent Trustee Compensation: None

2a Explanation of Relationship

Christy Duff and Jeffrey Duff are married and have been so since June 26, 1999.