

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning 01/, 2009, and ending 12/31, 20 09

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Whiskers and Tails

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

P.O. Box 83

City or town, state or country, and ZIP + 4

Peculiar Mo. 64078 - 9998

D Employer identification number

43-1937545

E Telephone number

816 974-0442

F Group Exemption Number ▶

na

o Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☐ Cash ☐ Accrual
Other (specify) ▶ general accounting

I Website: ▶ http://www.orgsites.com/mo/whiskersandtails/

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	<u>1,800</u>
2	Program service revenue including government fees and contracts	2	<u>-0-</u>
3	Membership dues and assessments	3	<u>-0-</u>
4	Investment income	4	<u>-0-</u>
5a	Gross amount from sale of assets other than inventory	5a	<u>-0-</u>
b	Less: cost or other basis and sales expenses	5b	<u>-0-</u>
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>-0-</u>
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ <u>-0-</u> of contributions reported on line 1)	6a	<u>-0-</u>
b	Less: direct expenses other than fundraising expenses	6b	<u>-0-</u>
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>-0-</u>
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>-0-</u>
8	Other revenue (describe ▶ <u>VET EXPENSES</u>)	8	<u>-0-</u>
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>1,800</u>
Expenses			
10	Grants and similar amounts paid (attach schedule)	10	<u>-0-</u>
11	Benefits paid to or for members	11	<u>-0-</u>
12	Salaries, other compensation, and employee benefits	12	<u>-0-</u>
13	Professional fees and other payments to independent contractors	13	<u>-0-</u>
14	Occupancy, rent, utilities, and maintenance	14	<u>-0-</u>
15	Printing, publications, postage, and shipping	15	<u>-0-</u>
16	Other expenses (describe ▶ <u>RECEIVED</u>)	16	<u>1,800</u>
17	Total expenses. Add lines 10 through 16	17	<u>1,800</u>
Net Assets			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>-0-</u>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>-0-</u>
20	Other changes in net assets or fund balances (attach explanation)	20	<u>-0-</u>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>-0-</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	<u>-0-</u>	22 <u>-0-</u>
23	Land and buildings	<u>-0-</u>	23 <u>-0-</u>
24	Other assets (describe ▶ <u>OPEN UP</u>)	<u>-0-</u>	24 <u>-0-</u>
25	Total assets	<u>-0-</u>	25 <u>-0-</u>
26	Total liabilities (describe ▶ <u>OPEN UP</u>)	<u>-0-</u>	26 <u>-0-</u>
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>-0-</u>	27 <u>-0-</u>

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

- | | |
|----------------|---|
| Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) |
|----------------|---|

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)
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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Sandra Fuller 16403 McKinley St Belton Mo 64102	Executive Board 10hrs	-0-	-0-	-0-
Donald Fuller 16403 McKinley St Belton Mo 64102	Executive Board 10hrs	-0-	-0-	-0-
Belinda Edmundson P.O. Box 83 Belton Mo. 64078	Founder/Director CEO 70hrs	-0-	-0-	-0-
Tommy Edmundson Jr P.O. Box 83 Belton Mo. 64078	President 60hrs	-0-	-0-	-0-
 				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		/
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	/	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		/
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		/
b	If "Yes," has it filed a tax return on Form 990-T for this year?		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>na</u>		
b	Did the organization file Form 1120-POL for this year?		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		/
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>na</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a <u>na</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>na</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>na</u> ; section 4912 ▶ <u>na</u> ; section 4955 ▶ <u>na</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		/
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>na</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>na</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		/
41	List the states with which a copy of this return is filed. ▶ <u>na</u>		
42a	The organization's books are in care of ▶ <u>Regina Edmondson</u> Telephone no. ▶ <u>816 974-0442</u> Located at ▶ <u>65078-9998</u> ZIP + 4 ▶ <u>65078-9998</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ <u>na</u>		/
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		/
	If "Yes," enter the name of the foreign country: ▶ <u>na</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>na</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		/
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		/

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes No**
46 ☐ ☒
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ ☒
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ ☒
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ ☒
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ ☒
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
na	none	none	none	none
	none	none	none	none
	none	none	none	none
	none	none	none	none
	none	none	none	none

f Total number of other employees paid over \$100,000 **none**

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
na	none	none
	none	none
	none	none
	none	none
	none	none

d Total number of other independent contractors each receiving over \$100,000 **none**

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

Sign Here

Signature of officer: [Signature] Date: 4/9/10
 Type or print name and title: Rebecca Edmundson Founder/Director Date: 4/11/10

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: na
 Firm's name (or yours if self-employed), address, and ZIP + 4: na
 Check if self-employed: ☐ EIN: na
 Preparer's identifying number (See instructions): na
 Phone no: na

May the IRS discuss this return with the preparer shown above? See instructions **na** ☐ Yes ☒ No **na**

Form **990-EZ** (2009)



Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

Whiskers and Tails

43: 1934545

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

(ii) A family member of a person described in (i) above?

11g(ii)		
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(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
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h Provide the following information about the supported organization(s).

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

[illegible]

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1450	2000	2280	2450	1380	9565
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
3 The value of services or facilities furnished by a governmental unit to the organization without charge	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
4 Total. Add lines 1 through 3	1450	2000	2280	2450	1380	9565
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	na	na	na	na	na	na
6 Public support. Subtract line 5 from line 4.	1450	2000	2280	2450	1380	9565

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1450	2000	2280	2450	1380	9565
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
9 Net income from unrelated business activities, whether or not the business is regularly carried on	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
11 Total support. Add lines 7 through 10	1450	2000	2280	2450	1380	9565
12 Gross receipts from related activities, etc. (see instructions)	12					- 0 -
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	1	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	1	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►	☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33⅓% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

- na -



STATE OF MISSOURI



Robin Carnahan
Secretary of State

CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

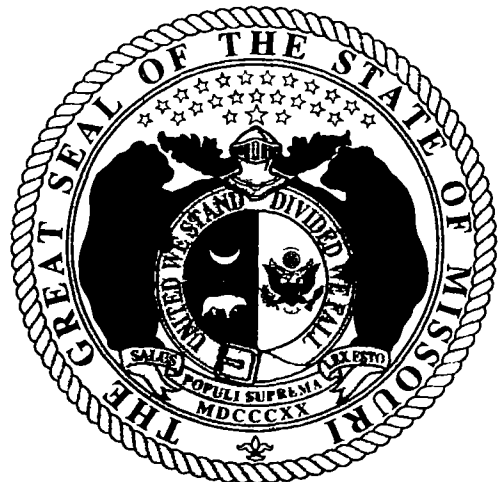
WHEREAS,

WHISKERS AND TAILS
N00067565

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto
set my hand and cause to be affixed the
GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this
14th day of May, 2009.


Secretary of State





State of Missouri
Robin Carnahan, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

File Number:

N00067565

Date Filed: 05/14/2009

Robin Carnahan

Secretary of State

**Articles of Amendment
for a Nonprofit Corporation**

(Submit with filing fee of \$10.00)

VTC

The undersigned corporation, for the purpose of amending its ⁵⁸Articles of incorporation, hereby executes the following articles of amendment:

1. The name of corporation is Whiskers and Tails Charter #: N00067565
2. The amendment was adopted on January/15/2009 and changed article(s) 7.8 see attachment to state as follows:
month/day/year
3. If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5): ☒
4. If approval by members was required, check here and provide the following information: ☐
 - A. Number of memberships outstanding: _____
 - B. Complete either C or D:
 - C. Number of votes for and against the amendment(s) by class was:

Class	Number entitled to vote	Number voting for	Number voting against
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

Class:	Number Voting undisputed:
_____	_____
_____	_____
_____	_____

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

(Please see next page)

Name and address to return filed document:

Name: ReGina Edmondson

Address: PO Box 83

City, State, and Zip Code: Peculiar, MO 64078

State of Missouri
Amend/Restate - NonProfit 3 Page(s)



T0913511540

108- T0911102044

5. If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: ☐

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

<u>Betty Regina Edmondson</u>	<u>Betty Regina Edmondson</u>	<u>Executive Office</u> <u>Founder/Director</u>	<u>April 10, 2008</u>
Authorized signature of officer or chairman of the board	Printed Name	Title	Date

(I am the executive officer, founder, director
a champion of Whisk (Inc).)

Betty Regina Edmondson

(7) The assets of the corporation will be distributed on dissolution as follows:

The assets of Whiskers and Tails include no real property. We have only a few Crates and carriers and grooming supplies and direct animal care items. Should anything happen and Whiskers and Tails is dissolved, shuts down or otherwise discontinues its charitable activities any donated items that we have collected will go to KC Rescue (Located in Grandview, MO.). Should KC Rescue no longer Be in existence, the alternative will be True Treasures (located in Belton, MO.) (As PAR seems to have either dissolved or disbanded we are amending article number to change the organization that Whiskers and Tails assets (if any) will go to in the event of dissolution, shutting down or otherwise discontinuing our charitable organization and its existence.)

(8) The corporation is formed for the following purpose(s):

As times have changed our mission has had to change right along with it. We are amending article number eight (8) to read as follows:

The new purpose(s) of Whiskers and Tail will include animal welfare,(such as ferals, strays, abandoned, dumped, abused, forgotten and unwanted dogs, cats, puppies and kittens. Also to promote and actively pursue the altering of these animals and to provide after care. Our new purpose also includes humane education, ideas, alternatives and resources. Limited & various forms of assistance to the families of companion animals as resources allow, children's humane education /literacy, efforts to help the environment and of course active rescue and ongoing care of forever home special needs animals as it applies to particular situations. Grant research/application, fundraising and related activities, and to create volunteer opportunities for the community as a whole. Provide education on the connection and relationship between animal abuse and domestic violence. To disclose/ discuss historical and relevant facts in relation to animals and their survival over the years. Whiskers and Tails will also act a referral/posting organization for animals needing help and homes or are lost and found.

Betty Rubin Edmunda - Founder/Director
4/10/2009 Whiskers & Tails