

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

DEPARTMENT OF THE TREASURY

Date: **APR 21 2013**

IN HIS CARE HOUSING
23312 E 327TH STREET
HARRISONVILLE, MO 64701

Employer Identification Number:
27-4837279
DLN:
17053114345002
Contact Person:
SIRIJUN MAYI ID# 31449
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
January 1, 2011
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

IN HIS CARE HOUSING

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink that reads "Holly O. Paz". The signature is written in a cursive style with a large, stylized initial "H".

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC



State of Missouri
Jason Kander, Secretary of State
 Corporations Division
 PO Box 778 / 600 W. Main St., Rm. 322
 Jefferson City, MO 65102

N01116703
Date Filed: 12/30/2014
Jason Kander
Missouri Secretary of State

**Articles of Amendment
 for a Nonprofit Corporation**
(Submit with filing fee of \$10.00)

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

1. The name of corporation is In His Care Housing Charter #: N01116703

2. The amendment was adopted on: 12/20/2014 and changed article(s) 1 To state as follows:
Month/day/year

The new name of the organization is "Restoration House of Greater Kansas City"

New Name (if applicable) Restoration House of Greater Kansas City

3. If approval of members was not required, and dissolution 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 dissolution by class was:

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

D. Number of undisputed votes cast for dissolution was sufficient for approval, and was:

Class:	Number Voting undisputed:
_____	_____

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

5. If the corporation is a public benefit corporation, notice has been given to the attorney general as required by subsection 1 of section 355.676. Check here:

6. 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:

7. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____
(Date may not be more than 90 days after the filing date in this office)

In Affirmations thereof, the facts state above are true and correct.

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

<u>Dennis Roth</u> <i>Authorized Signature of officer or chairman of the board</i>	<u>DENNIS ROTH</u> <i>Printed Name</i>	<u>SECRETARY</u> <i>Title</i>	<u>12/30/2014</u> <i>Date of Signature</i>
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Name and address to return filed document:
Name: <u>Dennis Roth</u>
Address: <u>Email: dennis@heartoflife.org</u>
City, State, and Zip Code: _____