

GREAT PLAINS SPCA CRUELTY TO ANIMALS 5428 ANTIOCH ROAD MERRIAM, KS 66202

> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

HalalahdhHamilthallanddhaddhal

			** PUBLIC DISCLOSURE CO	PY **		_
	0	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue) 2018		
Department of the Treasury Do not enter social security numbers on this form a				as it may b	be made public.	Open to Public
		nue Service	Go to www.irs.gov/Form990 for instructions and	the latest	t information.	Inspection
AF	or th	e 2018 calend	ar year, or tax year beginning and	ending	_	
	heck if oplicab		forganization		D Employer identifica	ation number
	-Addre	GREA	T PLAINS SPCA			
	chang	ge CRUE	LTY TO ANIMALS			
	chang Initial	ge Doing b	usiness as F/K/A HEARTLAND SPCA		05-05	52529
	_return]Final	Number	,	Room/suite		21 8800
	return		ANTIOCH ROAD			31-7722
	ated] Amen	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,585,086.
	_return]Applio	MERK	IAM, KS 66202		H(a) Is this a group ret	
	_tion pendi		nd address of principal officer: TAM SINGER		for subordinates?	
		empt status:			H(b) Are all subordinates incl	
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c GREATPLAINSSPCA.ORG	or 527	- '	st. (see instructions)
			X Corporation Trust Association Other	L Voor	H(c) Group exemption of formation: 2003	
	irt I	Summary				State of legal domicile. MO
			be the organization's mission or most significant activities: SEE $$	וחשהטב		
e	1	brieny describ				
าลท	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	than 25% of its not asso	te
Governance						6
Go				6		
			lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2018 (Part V, line 2a)			176
ities			of volunteers (estimate if necessary)			610
Activities &			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, line 38			0.
			, · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)		3,801,286.	3,223,560.
Revenue	9		ce revenue (Part VIII, line 2g)		2,277,252.	2,625,334.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		-23,607.	80.
B	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		404,385.	293,604.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,459,316.	6,142,578.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	∟	0.	0.
s	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		3,924,303.	4,032,092.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	/3.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,081,427.	2,152,607.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,005,730.	6,184,699.
	19	Revenue less	expenses. Subtract line 18 from line 12		453,586.	-42,121.
t Assets or d Balances				Be	eginning of Current Year	End of Year
sset 3alaı	20	Total assets (F		······	996,210.	853,176.
Net A: -und E			(Part X, line 26)		394,018.	293,105.
	22 Irt II	Net assets or Signature	fund balances. Subtract line 21 from line 20		602,192.	560,071.
		•		and atota	anto and to the best of	nowledge and helief it in
			I declare that I have examined this return, including accompanying schedules			nowledge and Dellet, It IS
uue,	corre	ut, anu compiete. T⊾	. Declaration of preparer (other than officer) is based on all information of wh	ion preparer	nas any knowledge.	

Sign Here	Signature of officer TAM SINGER, CHIEF EXEC Type or print name and title	UTIVE OFFICER		Date				
Paid	Print/Type preparer's name KIMBERLY ANN RYAN	Preparer's signature	Date	Check PTIN if self-employed P00829977				
Preparer	Firm's name 🕒 RUBINBROWN LLP			Firm's EIN 43-0765316				
Use Only	Firm's address 🕨 1200 MAIN STREET							
	KANSAS CITY, MO	Phone no. 816 - 472 - 1122						
May the IRS discuss this return with the preparer shown above? (see instructions)								
832001 12-3	LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2018)				

	GREAT PLAINS SPCA		
Form	1 990 (2018) CRUELTY TO ANIMALS	05-0552529	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO DRIVE CHANGE IN OUR COMMUNITY THROUGH INNOVATIVE PROC	GRAMS THAT	
	PROMOTE ADOPTION, OUTREACH, VETERINARY CARE, AND A BETTI		
	PETS AND THE PEOPLE WHO LOVE THEM.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	∏ Ye	es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		s X No
•	If "Yes," describe these changes on Schedule O.	·	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expense	c
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.	iers, the total expenses,	anu
4.0		1 387	,224.)
4a	(Code:) (Expenses \$2,825,004. including grants of \$) (Revenue of \$] (Revenue of \$) (Revenue of \$] (Revenue of \$) (Revenue of \$] (Revenue of \$,224•)
		-	
	LOST/RETRIEVAL SERVICES, BEHAVIORAL TRAINING, FOSTER AND SHELTER CARE FOR CARE DOCS AND SMALL DOMESTICATED ANIM		
	SHELTER CARE FOR CATS, DOGS AND SMALL DOMESTICATED ANIMA GREATER KANSAS CITY REGION.	TUL TUL GUA	
	GREATER KANSAS CITY REGION.		
			110
4b	(Code:) (Expenses \$1,752,384. including grants of \$) (Reve		<u>,110.</u>)
	SPAY/NEUTER AND VET WELLNESS CLINIC, INCLUDING THE FERAL		M:
	PROVIDES LOW COST SPAY/NEUTER SERVICES AND VET CARE TO I	LOW INCOME	
	OWNERS AND FREE ROAMING CATS.		
4c	(Code:) (Expenses \$102,049. including grants of \$) (Reve)
		THE PROGRAM	IS
	TO WORK IN THE INNER CITY NEIGHBORHOODS WITH THE MOST EC	CONOMICALLY	
	DISADVANTAGED PET OWNERS TO HELP EDUCATE THEM ABOUT APPI	ROPRIATE PET	
	OWNERSHIP AND ASSIST THEM WITH IMPROVING THE LEVEL OF CA	ARE THEY PRO	VIDE
	THEIR PETS. EFFORTS INVOLVE PROVIDING FOOD, SHELTER AND		
	AS WELL AS TRANSPORTATION FOR SPAY/NEUTER APPOINTMENTS.		
44	Other program services (Describe in Schodulo O)		
-iu	Other program services (Describe in Schedule O.) (Expenses \$ 190,973. including grants of \$) (Revenue \$	١	
40	1 0 0 0 11 0)	
4e	Total program service expenses ► 4,870,410.	F	990 (2018)
		Form	2018)
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	<u>990 (2018)</u> CRUELTY TO ANIMALS 05-0552	2529	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	+-		
Ū		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		<u> </u>
10		10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
L	Part VI		<u></u>	<u> </u>
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	<u>12a</u>	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1.0		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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Form	990 (2018) CRUELTY TO ANIMALS 05-055	2529	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No," go to line 25a	24a		<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		07		x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
02		32		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		┝───
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	• • • • •	38	Х	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9	103	
b		Ч		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u> 1c</u>	000	
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<u>Form</u>	990 (2018) CRUELTY TO ANIMALS 05-0552	<u>529</u>	P	_{age} 5			
Par							
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 176						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand			v			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v			
	excess parachute payment(s) during the year?	15		X			
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		X			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
	If "Yes," complete Form 4720, Schedule O.		000				

Form **990** (2018)

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GREAT PLAINS SPCA

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Form 990 (2		CRUELTY				bage 6
Part VI	Governance, N	<i>l</i> lanagement,	, and	I Disclosure	For each "Yes" response to lines 2 through 7b below, and for a "No" respon	se
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
	Check if Schedule	O contains a res	oonse	or note to any l	line in this Part VI	X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1~	Enter the number of voting members of the governing body at the and of the tay year	1a		6	Yes	
ıa	Enter the number of voting members of the governing body at the end of the tax year			4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			6		
-	Enter the number of voting members included in line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi				X	
~	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?					-
4	Did the organization make any significant changes to its governing documents since the prior Form 9					-
5	Did the organization become aware during the year of a significant diversion of the organization's as					-
6 7-	Did the organization have members or stockholders?			6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or			
	persons other than the governing body?			7b		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following:			
а	The governing body?			8a	X	_
b	Each committee with authority to act on behalf of the governing body?			8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	t the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			_
					Yes	6
10a	Did the organization have local chapters, branches, or affiliates?			10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	ith a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure				•	
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, ar	nd 990-	T (Section 501(c)(3)s onlv)	availa	-
	for public inspection. Indicate how you made these available. Check all that apply.			,- <u>-</u> ,)		
-	X Own website Another's website X Upon request Other <i>(explain</i>)			al 41		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of	interest policy, an	d tinand	al	
~	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo <u>ALYX HUBLER - 913-808-3287</u>	oks and	records			
	5428 ANTIOCH ROAD, MERRIAM, KS 66202					_
					ו 990	

Form 990 (2018)		O ANIMALS	05-0552525
Part VII Compens	ation of Officers, D	irectors, Trustees,	Key Employees, Highest Compensated
Employee	es, and Independen	t Contractors	

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

()

GREAT PLAINS SPCA

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

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

(B)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 (\mathbf{C})

(D)

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

(A)	(B) (C)			(D)	(E)	(F)				
Name and Title	Average	(do	(do not check more than one		ne	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		icer ar	ndad I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	uster			ensa		(W-2/1099-MISC)		organization
	organizations	al trus	nal ti		loyee	d mos				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lnst	Offi	Key	emig	For			
(1) MR. CHUCK LAUE	2.00									
CHAIRMAN OF THE BOARD		Х		X				0.	0.	0.
(2) MS. LISA FERIA	0.50									
BOARD MEMBER		Х						0.	0.	0.
(3) MR. TOM RENSENHOUSE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(4) MS. PAM SCOTT	0.50									
BOARD MEMBER		Х						0.	Ο.	0.
(5) MS. JILL TRUITT	30.00									
BOARD MEMBER & HR MANAGER		Х						17,760.	Ο.	0.
(6) MR. THAD HUBLER	0.50									
BOARD MEMBER		Х						0.	Ο.	0.
(7) MR. BRENNAN TUCKER	0.50									
SECRETARY				X				0.	Ο.	0.
(8) MS. TAMASINE SINGER	40.00									
CO-CEO/CEO				X				101,916.	Ο.	0.
(9) MR. GREGORY MEADOR	40.00									
CEO THRU 10/26/18				Х				93,409.	0.	0.
(10) MS. ALYX HUBLER	40.00									
CFO BEGINNING 10/29/18				Х				16,923.	0.	0.
(11) MS. JANETTE LEVY	40.00									
CFO THRU 2/8/18				Х				31,392.	0.	0.
832007 12-31-18										Form 990 (2018)

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(E)

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2018.04030 GREAT PLAINS SPCA CRUELTY 20496.01

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	<u>1 990 (2018)</u> CRUELTY I	O ANIMA	LS	5						05-0	552	529	Pa	age 8
Pa	rt VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
1b	Sub-total		<u> </u>	<u> </u>				•	261,400.		0.			0.
d								> >	0.261,400.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>				-	•			•			3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any percentiated on line 1e receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," comp ction B. Independent Contractors											5		X
1	Complete this table for your five highest cor the organization. Report compensation for t								the organization's tax y		censat			
FR	(A) Name and business ED TIMBERLAKE, 8406 W 1		RR	AC	<u>Е.</u>				(B) Description of s	ervices	C	(C ompei		1
	ERLAND PARK, KS 66210							_	OUTSOURCED C	FO	126,475			75.
2	Total number of independent contractors (in	cluding but no	ot lin	nited	d to t	thos	se list	ed	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				1	<u> </u>					Form	990 (^r	2018)

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GREAT PLAINS SPCA

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GREAT PLAINS SPCA

Form 990 (2018) CRUELTY TO ANIMALS Part VIII Statement of Revenue Vision Vision

		Check if Schedule O conta	ains a response	or note to any lir	e in this Part VIII			
					(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or	Unrelated	from tax under
						exempt function revenue	business revenue	sections 512 - 514
		Enderstad server sizes	4-			Tevende	revenue	012-014
nts			<u>1a</u>		-			
Gra		Membership dues			4			
s, C	С	Fundraising events	1c	55,655.	4			
ar J	d	Related organizations	1d					
s, Dil	е	Government grants (contributi	ons) 1e	370,147.				
S, O	f	All other contributions, gifts, grant	ts, and					
hei		similar amounts not included abov		797,758.				
ġĘ	a	Noncash contributions included in lines		00.000	1			
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			3,223,560.			
0.0				Business Code				
	• •	ADOPTION AND LO	פי סדי		1,387,224.	1 387 224		
ice					1,238,110.			
er v	b	SPAY/NEUTER AND		900099	1,230,110.	1,230,110.		
Program Service Revenue	С							
ev Tan	d							
В0 Ц	е							
4	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	2,625,334.			
	3	Investment income (including						
		other similar amounts)			80.			80.
	4	Income from investment of tax						
	5	Royalties						
	5	noyalles	(i) Real	(ii) Personal				
	•			(II) Personal	-			
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)			-			
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)			1			
		Net gain or (loss)		•				
		Gross income from fundraising						
ne	8 a							
Other Revenu		including \$ 55,6						
Зе,		contributions reported on line		1 6 2				
er		Part IV, line 18		163,268.	4			
Ę		Less: direct expenses		87,924.				
5	С	Net income or (loss) from fund	Iraising events	>	75,344.			75,344.
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 0	and allowances		572,844.				
	h			354,584.	-			
		Less: cost of goods sold			218 260	218 260		
	С	Net income or (loss) from sales			218,260.	218,260.		
ļ		Miscellaneous Revenue	e	Business Code				
	11 a							
	b							
	с							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			6,142,578.	2,843,594.	0.	75,424.
83200	9 12-31-							Form 990 (2018)

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Form 990 (2018)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	040 640		115 000	F4 085
	trustees, and key employees	243,640.	76,437.	115,828.	51,375.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		0 000 000	<u> </u>	105 000
7	Other salaries and wages	3,238,921.	2,989,693.	64,168.	185,060.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	000 440	0.40 0.00		10.000
9	Other employee benefits	287,447.	242,725.	25,724.	18,998.
10	Payroll taxes	262,084.	220,849.	21,083.	20,152.
11	Fees for services (non-employees):	1		1	
	Management	17,220.		17,220.	
	Legal	12,017.		12,017.	
	Accounting	259,199.		259,199.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	102 500	01 570	10 207	0 645
	column (A) amount, list line 11g expenses on Sch 0.)	103,582.	81,570.	<u>12,367.</u> 44.	9,645. 193,322.
12	Advertising and promotion	197,424.	4,058. 5,839.	44.	<u> </u>
13	Office expenses	11,658.	5,039.	4,19/.	1,622.
14	Information technology				
15	Royalties	177 126	102 007	26 252	26 076
16		177,136.	123,907.	26,353.	26,876.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6,453.	5,283.	383.	787.
19	Conferences, conventions, and meetings	0,433.	5,403.		/0/•
20	Interest				
21	Payments to affiliates	94,814.	73,483.	21,331.	
22	Depreciation, depletion, and amortization	94,814.	5,375.	4,359.	
23	Insurance	5,134.	5,575.	4,333.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	225,359.	191,120.	25,173.	9,066.
b	MEDICAL AND SURGICAL	615,242.	615,242.		_ ,
c	MISCELLANEOUS	220,728.	48,375.	116,045.	56,308.
d	JANITORIAL SERVICES AND	91,696.	86,363.	5,039.	294.
	All other expenses	110,345.	100,091.	7,886.	2,368.
25	Total functional expenses. Add lines 1 through 24e	6,184,699.	4,870,410.	738,416.	575,873.
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, , ,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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if following SOP 98-2 (ASC 958-720)

Form 990 (2018)

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GREAT	PLAINS	SPCA

CRUELTY TO ANIMALS

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing			239,115
2	Savings and temporary cash investments		2	176
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	229,284
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined ur	der		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	100,180
9	Prepaid expenses and deferred charges	2 069		25,173
10a	Land, buildings, and equipment: cost or other			
		73.		
Ь	basis. Complete Part VI of Schedule D10a739,5Less: accumulated depreciation10b485,3	19. 330,072.	10c	254,254
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		_	4,99
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	853,17
17	Accounts payable and accrued expenses			293,10
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustee			
	key employees, highest compensated employees, and disqualified persons			
			22	
23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties			
23	Unsecured notes and loans payable to unrelated third parties		24	
24	Other liabilities (including federal income tax, payables to related third		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X c			
			25	
26	Schedule D Total liabilities. Add lines 17 through 25		26	293,10
20	Organizations that follow SFAS 117 (ASC 958), check here X		20	255,10
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	560,892.	27	559,02
28	Temporarily restricted net assets		28	1,05
29			29	2,00
25	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30			30	
21	Capital stock or trust principal, or current funds			
31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated income, or other funds			560 07
	Total net assets or fund balances			<u>560,07</u> 853,170
34	Total liabilities and net assets/fund balances	990,210.	34	Form 990 (20

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Form 990 (2018)
Part X Balance Sheet

	GREAT PLAINS SPCA				
Form	1990 (2018) CRUELTY TO ANIMALS	05-055	52529	Pa	ge 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,142		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,184		
3	Revenue less expenses. Subtract line 2 from line 1	3			21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	602	2,1	92.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	560),0	71.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a			. 2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•		v	
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2</u> c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gie Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3 b	000	(2018)
			Form	ココリ	וארחכז

Form **990** (2018)

SCHEDULE A			Dublic Cha	rity Status an	innort		OMB No. 1545-0047		
(Form 9	990 or 990-EZ)			nization is a section 501					2018
				47(a)(1) nonexempt cha					2010
	of the Treasury enue Service			Attach to Form 990 or F					Open to Public
			-	v/Form990 for instruction	ons and th	ie latest ir	nformation.	F	Inspection
Name of	the organizati		T PLAINS S						identification number
Part I	Beason		LTY TO ANI	MALS All organizations must co	malata th	ic part) Sc	o instructions		5-0552529
							einstructions	j.	
	1	-		For lines 1 through 12, c	-		WAV:)		
1	1			on of churches describec (Attach Schedule E (Forn)(A)(I).		
3	1			anization described in s			i)		
4		•		njunction with a hospital				(iii). Enter	the hospital's name.
•	city, and stat	-		·				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	·····,
5		-	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7] An organizati	on that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10 X	0			e than 33 1/3% of its sup					
				ct to certain exceptions,					-
				(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	iller Julie 30, 1975.
11	1		mplete Part III.)	ively to test for public sa	fotu Soo	section 50	0(2)(4)		
12	1 -	-	-	ively for the benefit of, to	•			rry out the	nurnoses of one or
-	-	-	-	ed in section 509(a)(1) of	-			•	
			-	of supporting organization					
a	_	-	• •	supervised, or controlled				-	giving
			-	gularly appoint or elect a	• • • •	-			
	organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	d or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring
	control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
_	organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
c	Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
_		•		s). You must complete I			-		
d 🗌		-		porting organization oper				•	(<i>)</i>
				zation generally must sat				an attentiv	veness
. [mplete Part IV, Sections					
e		-		written determination fro			туре і, туре	II, Type III	
f En	ter the number			nally integrated supporti					
			n about the supporte	d organization(s)					
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
	organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tatel									
	Donomus-la D -	duction A -+ *	lation and the last	unions for Form 000	000 57	000004	(1.10 C-L-		m 000 or 000 EZ\ 0040
LHA FOR	Paperwork Re	auction Act N	volice, see the instr	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	uule A (For	m 990 or 990-EZ) 2018

¹⁴ 2018.04030 GREAT PLAINS SPCA CRUELTY 20496.01

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Schedule A (Form 990 or 990-EZ) 2018 CRUELTY TO ANIMALS

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

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support	1	1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	bhere					
50	ction C. Computation of Publi	c Support Per	centage			1 1	
	Public support percentage for 2018 (I		•			14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the o				14 is 33 1/3% or m	lore, check this bo	x and
	stop here. The organization qualifies		°				
b	33 1/3% support test - 2017. If the o	-			l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		•••••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				•	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-	-		•		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						e
	organization meets the "facts-and-circ		-		• • • •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17			
					SCNE	edule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2018 CRUELTY TO ANIMALS Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2016 (d) 2017 (a) 2014 (b) 2015 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3223560.18313270. 3563003 4633746. 3091675. 3801286. 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 1727183. 2365626. 2277252. 2625334.10938478. 1943083. 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 5506086. 6360929. 5457301. 6078538. 5848894.29251748. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 675,000. 199,919. 496,306. 1245442. 915,000. 3531667. 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 Ο. c Add lines 7a and 7b 915,000. 675,000. 199,919. 496,306. 1245442. 3531667 25720081 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 5457301. 5848894.29251748. 5506086. 6360929 6078538 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 107. 269. 176. 135. 80. 767. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 107. 269. 176. 135. 80. 767. 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 342<u>,3</u>30. 554,842. 520,989. 404,385. 293,604. 2116150. assets (Explain in Part VI.) 6061035. 6882187. 5799807. 6483058. 6142578.31368665. 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 81.99 % Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 15 83.89 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) % .00 18 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018 832023 10-11-18

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Schedule A (Form 990 or 990-EZ) 2018 CRUELTY TO ANIMALS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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	Lies the exception eccented a gift or contribution from any of the following second 2		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	<u>11a</u> 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
<u>Sec</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructiona		
2	Activities Test. Answer (a) and (b) below.	uctions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018	CRUEL	ГҮ ТО	ANIMALS

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

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

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
c F	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
еĽ	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
S	see instructions)	4		
5 N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Multiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 N	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Enter 85% of line 1	2		
3 N	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	Enter greater of line 2 or line 3	4		
5 li	ncome tax imposed in prior year	5		
6 E	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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GREAT PLAINS SPCA TANTMALS

	dule A (Form 990 or 990 EZ) 2018 CRUELTY TO AN)5-0552529	Page 7
Par	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a)(3) Supporting Orga	nizations (continued)		
Secti	on D - Distributions			Current Year	r
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 20	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
<u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
4	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
 	Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if				
5					
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
d	Excess from 2017				
e	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

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GREAT PLAINS SPCA Schedule A (Form 990 or 990-EZ) 2018 CRUELTY TO ANIMALS

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS	
2014 AMOUNT: \$	277,014.
2015 AMOUNT: \$	234,801.
2016 AMOUNT: \$	228,949.
2017 AMOUNT: \$	173,058.
2018 AMOUNT: \$	75,344.
SALES OF INVENTO	DRY
2014 AMOUNT: \$	276,049.
2015 AMOUNT: \$	276,768.
2016 AMOUNT: \$	98,428.
2017 AMOUNT: \$	218,634.
2018 AMOUNT: \$	218,260.
OTHER OPERATING	REVENUE
2014 AMOUNT: \$	1,779.
2015 AMOUNT: \$	9,420.
2016 AMOUNT: \$	14,953.
2017 AMOUNT: \$	12,693.
2018 AMOUNT: \$	0.

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of th

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

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ie organizatio	on					
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	CRUEL	ΓY	то	AN	IMAL	S

Organization	type	(check	one):

Filers of:	Section:
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	B (Form 990, 990-EZ, or 990-PF) (2018)		1	Page 2
			Emplo	yer identification number
	PLAINS SPCA TY TO ANIMALS		05	-0552529
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
1		\$1,160,5	60.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d) Turna of contribution
2	Name, address, and ZIP + 4	S150,0		Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ne	(d) Type of contribution
3		\$81,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ne	(d) Type of contribution
<u>4</u>		\$40,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5		\$40,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6	· · ·	\$37,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 2
	rganization		Emplo	yer identification number
	PLAINS SPCA TY TO ANIMALS		05	-0552529
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Langes is peopled	00	0002020
				. <u></u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution		(d) Type of contribution
110.			15	
7				Person X
		\$ 27.0	00	Payroll Noncash
		\$37,0	00.	(Complete Part II for
				noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
8_				Person X
		\$ 30,2	79.	Payroll Noncash
				(Complete Part II for
				noncash contributions.)
(a)	(b)	(c)		(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
9				
				Person X Payroll
		\$30,0	00.	Noncash
				(Complete Part II for
				noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
10				Person X
		10.5	~ -	Payroll
		\$18,6	25.	Noncash X (Complete Part II for
				noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
			-	
11				Person X
		\$15,0	00.	Payroll Noncash
				(Complete Part II for
				noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
12				Person X
				Payroll
		\$15,0	00.	Noncash
				(Complete Part II for noncash contributions.)
		I		· · · · ·

823452 11-08-18

	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 2
	rganization PLAINS SPCA		Emplo	yer identification number
	TY TO ANIMALS		05	-0552529
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$14,6		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
14		\$12,7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
15		\$12,3		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
16		\$10,2	92.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
17		\$10,2	32.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
18		\$10,1		Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 2
	rganization		Employe	er identification number
	PLAINS SPCA TY TO ANIMALS		05-	0552529
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
19		_ \$10,0		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
20		\$10,0		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
		_ \$10,0		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
22		_ \$10,0		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
23		_ \$10,0		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
24_		_ \$10,0	((r	Person X Payroll Noncash Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedule	B (Form 99	0, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018)		-	Page 2
	rganization PLAINS SPCA		Emplo	yer identification number
	TY TO ANIMALS		05	-0552529
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
25		\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
26		\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
27		\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
28_		\$7,6	<u>65.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
29		\$7,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
30		\$6,2	50.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 2
	rganization		Emplo	yer identification number
	PLAINS SPCA TY TO ANIMALS		05	-0552529
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
31		- _ \$6,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
32		- _ \$5,6	89.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
<u>No.</u>	Name, address, and ZIP + 4	\$5,2	<u>ns</u>	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
34_		- _ \$ <u>5,1</u>	80.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
35		- _ \$ <u>5,0</u>	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
36			00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedule	B (Form	990, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 2
	rganization		Emplo	yer identification number
	PLAINS SPCA TY TO ANIMALS		05	-0552529
			05	-0332329
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
37		- _ \$ <u>5,0</u>	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
38		- _ \$ <u>5,0</u>	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
<u> 39</u>		- \$\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		- - \$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		- - \$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		- \$		Person Payroll Noncash (Complete Part II for noncash contributions.)

823452 11-08-18

Name of organization Employer identification number of cryanization GREAT PLAINS SPCA 05-0552529 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) (c) Part II Description of noncash property given (c) Part I LIQUOR, WINE GLASSES, FINE CHOCALATES (d) (a) (b) (c) No. (b) (c) FMV (or estimate) (d) (a) (b) (c) No. (b) (c) FMV (or estimate) (d) Description of noncash property given (c) FMV (or estimate) (d) Description of noncash property given (c) Part I VODKA (d) 10 VODKA (c) (a) (b) (c) No. (b) (c) FMV (or estimate) (c) (a) (b) (c) No. (b) (c) FMV (or estimate) (c) No. (b) (c)	age 3
CRUELTY TO ANIMALS 05-0552529 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) (c) (d) Part I Description of noncash property given (c) (d) 1 LIQUOR, WINE GLASSES, FINE CHOCALATES (d) Date received a 1,030. 03/23/18 (a) (b) (c) (d) Date received (a) (b) (c) (d) Date received (a) (b) (c) (d) Date received (a) (b) (c) (c) (d) Date received Part I VODKA (b) (c) (d) Date received 10 VODKA (b) (c) (c) (d) Date received (a) No. (b) (c) (c) (c) (c) (c) (a) (b) (b) (c) (c) (c) (c) (c) (c) (a) No. (b) (c) (c) (c) (c)	er
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I (b) Description of noncash property given Part I (c) FMV (or estimate) (See instructions.) (d) Date received 1 LIQUOR, WINE GLASSES, FINE CHOCALATES (a) (b) from Part I (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received 10 VODKA (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received	
(a) (b) (c) (d) Part I Description of noncash property given (c) FMV (or estimate) 1 IQUOR, WINE GLASSES, FINE CHOCALATES (a) (a) (b) (c) (d) No. (b) (c) from Description of noncash property given (c) (a) (b) (c) Part I (c) (d) Description of noncash property given (c) FMV (or estimate) (d) Date received (a) (c) Part I (d) U UDKA 10 (c) (a) (b) (b) (c) FMV (or estimate) (d) Date received (a) (b) (b) (c) (c) (d) Date received (a) (b) (b) (c) FMV (or estimate) (d) (a) (b) (b) (c) FMV (or estimate) (d) Date received No. (b) (b) (c) FMV (or estimate) (d) Date received	
No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received 1 LIQUOR, WINE GLASSES, FINE CHOCALATES (a) 1 (b) \$ 1,030. 03/23/18 (a) No. from Part I (b) (c) Part I Description of noncash property given (c) FMV (or estimate) (d) (a) Part I (b) VODKA (c) 10 (c) (a) No. from Part I (b) (b) (c) (c) (d) (c) (d) (c) (c) (c) (d) (c) (d) (c) (c) (c)	
No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (d) Date received 1 LIQUOR, WINE GLASSES, FINE CHOCALATES s 1,030. 03/23/18 (a) No. from Part I (b) Description of noncash property given s 1,030. 03/23/18 (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received 10 (c) FMV (or estimate) (See instructions.) 03/16/18 (a) No. from Part I (b) Description of noncash property given \$ 5,625. 03/16/18 (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received	
Part I Image: Construction of the co	
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(a) (b) (c) (d) Part I Description of noncash property given (c) (d) 10 VODKA (c) (d) (a) (c) (c) (c) 10 (c) (c) (c) (c) (c) (c) (c) (a) (b) (c) (c) (d) No. (b) (c) (c) (d) Part I Description of noncash property given (See instructions.) Date received IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT	
(a) (b) (c) (d) FMV (or estimate) (See instructions.) Date received Part I VODKA \$ 5,625. 03/16/18 10 (c) FMV (or estimate) 03/16/18 (a) (b) \$ (c) 03/16/18 (a) (b) (c) 03/16/18 (a) (b) (c) 03/16/18 (b) (c) FMV (or estimate) 03/16/18 (b) (c) FMV (or estimate) 03/16/18 10 (b) (c) (d) Date received 10 IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT	
(a) (b) (c) (d) FMV (or estimate) (See instructions.) Date received Part I VODKA \$ 5,625. 03/16/18 10 (c) FMV (or estimate) 03/16/18 (a) (b) \$ (c) 03/16/18 (a) (b) (c) 03/16/18 (a) (b) (c) 03/16/18 (b) (c) FMV (or estimate) 03/16/18 (b) (c) FMV (or estimate) 03/16/18 10 (b) (c) (d) Date received 10 IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT	
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No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received 10 VODKA (se instructions.) (d) 10 VODKA (s 5,625. 03/16/18 (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received	
Iron Description of noncash property given (See instructions.) Date received Part I VODKA (See instructions.) Image: Second content of the se	
10 VODKA 10 (a) No. (b) from Description of noncash property given Part I IDEX LASERCYTE AND CBC5R TEST KIT	
10	
(a) (b) (c) (d) FMV (or estimate) (d) Date received Part I IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT	
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received IDEX LASERCYTE AND CBC5R TEST KIT	
No. (b) (c) (d) from Description of noncash property given FMV (or estimate) Date received Part I IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT IDEX	-
No. (b) (c) (d) from Description of noncash property given FMV (or estimate) Date received Part I IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT IDEX	
from Part I Description of noncash property given FMV (or estimate) (See instructions.) Date received IDEX LASERCYTE AND CBC5R TEST KIT IDEX LASERCYTE AND CBC5R TEST KIT	
IDEX LASERCYTE AND CBC5R TEST KIT	
15	
\$\$_12,398. 01/11/18	_
(a) (c) (d)	
from Description of noncesh property given FMV (or estimate) Date received	
Part I (See instructions.)	
DOG FOOD, DOG TREATS, SHELTER SUPPLIES	
32	
\$\$\$\$\$\$	
	-
(a) (c) (c)	
No. (b) EMV (or estimate) (d)	
from Description of noncash property given Image: Construction of noncash property given Date received Part I 0 0 0 0	
\$	-
(a) (a)	
No. (b) (c) (d)	
from Description of noncash property given Immediate Date received Part I Date received (See instructions.)	
823453 11-08-18 Schedule B (Form 990, 990-FZ, or 990-PE) (

823453 11-08-18

Schedule B (Form 990, 990-E Z, or 990-PF) (2018)

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 4					
	rganization		Employer identification number					
GREAT	PLAINS SPCA							
CRUEL	TY TO ANIMALS		05-0552529					
Part III	Exclusively religious, charitable, etc., contributive from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	a) through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations					
	Use duplicate copies of Part III if additiona	I space is needed.	less for the year. (Enter this line, once.)					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
		(e) Transfer of gif	t					
	Transformala name address		Deletionekin of two of over to two of over					
-	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I		(c) use of girt						
		(e) Transfer of gif	l					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Parti								
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ŀ		(c) Transfor - f - 'f	I					
		(e) Transfer of gif	ı					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
823454 11-08	3-18		Schedule B (Form 990, 990-EZ, or 990-PF) (2018)					

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SC		Supplementa	al Financial Statements	OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990.	2018
Depart	ment of the Treasury	▶	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
	Revenue Service		90 for instructions and the latest information.	
Nam	e of the organization	CRUELTY TO ANIMALS		Employer identification number 05-0552529
Par	t I Organiza		d Funds or Other Similar Funds or A	
		n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at en	nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		end of year		
5	-		writing that the assets held in donor advised fur	
6			exclusive legal control?	
6	•	C	dvisors in writing that grant funds can be used or r donor advisor, or for any other purpose confer	
			r donor advisor, or for any other purpose comer	
Par			ganization answered "Yes" on Form 990, Part IV	
1		ervation easements held by the organization		,
		of land for public use (e.g., recreation or e		ly important land area
	Protection of	f natural habitat	Preservation of a certified h	nistoric structure
	Preservation	of open space		
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	Total acreage restr	ricted by conservation easements		2b
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c
d			after 7/25/06, and not on a historic structure	
				2d
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization during the tax
_	year ►			
4		where property subject to conservation eas	·	
5	0	tion have a written policy regarding the per		
6		orcement of the conservation easements it	holds? handling of violations, and enforcing conservati	
0		i nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year
•	► \$			
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	3)(i)
9			on easements in its revenue and expense stater	
	include, if applicab	le, the text of the footnote to the organizat	tion's financial statements that describes the or	ganization's accounting for
	conservation easer			
Par		_	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.	
1 a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	nd balance sheet works of art,
		· · ·	nibition, education, or research in furtherance of	public service, provide, in Part XIII,
		note to its financial statements that descri		
b	-		C 958), to report in its revenue statement and b	
		-	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these ite			
0			asuras, or other similar assots for financial gain	
2	-		asures, or other similar assets for financial gain,	provide
-	-	Ints required to be reported under SFAS 1	To (ASC 958) relating to these items:	▶ \$
		eduction Act Notice, see the Instructions		Schedule D (Form 990) 2018
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20203			32	

	GREAT P	LAINS SPCA							
Sche	dule D (Form 990) 2018 CRUELTY	TO ANIMAL	S				05	-0552529) Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other S	Similar As	ssets _{(contin}	ued)
3	Using the organization's acquisition, accession	on, and other record	s, checł	any of the f	ollowing tha	t are a sigr	nificant use o	f its collection	items
	(check all that apply):								
а	Public exhibition	c	1 L	Loan or exc	hange progra	ams			
b	Scholarly research	e	•	Other					
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	e organizatio	on's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit o	-		-	-	-			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's co	llection?			Yes	No No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	e organizatio	n answered	"Yes" on F	orm 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Pa			-					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	t
с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance						1f		
	Did the organization include an amount on Fo						/?	🗌 Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatic	n has been	provided on	Part XIII			
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 10).		
		(a) Current year		Prior year	(c) Two yea		d) Three years	back (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 10	a, column (a)) held as:			I	
	Board designated or quasi-endowment		%	g, e e e e e e e e e	,				
b	Permanent endowment	%							
c	Temporarily restricted endowment	%							
Ū	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation tha	it are held ar	nd administer	red for the	organization		
04	by:			a a c noia a			organization	ſ	Yes No
	(i) unrelated organizations							3a(i)	
	/···							- (m)	
h	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm		WINCHT	unus.					
	Complete if the organization answere) Part I\	/ line 11a S	ee Form 990) Part X lir	ne 10		
	Description of property	(a) Cost or c			or other		cumulated	(d) Bool	c value
	Description of property	basis (investr		. ,	(other)		reciation	(u) BOOI	Value
10	Land			54010	(
	Land			1	2,855.		10,578		2,277.
b	Buildings			<u> </u>	<u>_</u> ,055.	'		· · · · ·	
	Leasehold improvements			52	2,704.	2	90,401	11'	2,303.
	Equipment				<u>2,704.</u> 4,014.		84,340		9,674.
	Other				-		-		4,254.
iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colun	nn (B), line 1	UC.)		🕨		I, 4J4•

Schedule D (Form 990) 2018

GREAT	PL	AINS	SPCA
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Part VII	Investments -	Other Securitie	es.
Schedule D	(Form 990) 2018	CRUELTY	т

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2018

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	GREAT PLAINS SPCA					
Sche	dule D (Form 990) 2018 CRUELTY TO ANIMALS			05-0	0552529	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,151,0)76.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities		565,990.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		442,508.			
е	Add lines 2a through 2d			2e	1,008,4	<u>198.</u>
3	Subtract line 2e from line 1			3	6,142,5	578.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,142,5	578.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	7,193,1	<u>197.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	565,990.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	442,508.			
е	Add lines 2a through 2d			2e	1,008,4	
3	Subtract line 2e from line 1			3	6,184,6	<u>599.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,184,6	599.
Pa	t XIII Supplemental Information.					

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS & RELATED EXPENSES	87,924.
COST OF GOODS SOLD	354,584.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	442,508.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS & RELATED EXPENSES	87,924.
COST OF GOODS SOLD	354,584.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	442,508.

35

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Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018 Part XIII Supplemental In	
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Schedule D (Form 990) 2018

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2018					
Department of the Treasury		organization entered more than \$15 Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization	-	LAINS SPCA TO ANIMALS					Employer ide	ntification number 529
Part I Fundrais	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written c red in Form 990, P) highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whor licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

GREAT PLAINS SPCA

Schedule G (Form 990 or 990-EZ) 2018 CRUELTY TO ANIMALS

	rt I	Fundraising Events. Complete if t of fundraising event contributions and g	he organization answered		t IV, line 18, or reported	
			(a) Event #1 PAWTINI GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
anı			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	176,846.		42,077.	218,923.
	2	Less: Contributions	52,575.		3,080.	55,655.
	3	Gross income (line 1 minus line 2)	124,271.		38,997.	163,268.
	4	Cash prizes				
(0	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ō	8	Entertainment			10 510	
	9	Other direct expenses			12,510.	87,924. 87,924.
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from			•	75,344.
Pa						
_		\$15,000 on Form 990-EZ, line 6a.	-			
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
es	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
а	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	activities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:			/ear?	Yes No

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

	GREAT PLAINS SPCA			
Schedule G (Form 990 or 99	90-EZ) 2018 CRUELTY TO ANIMALS	05-05	52529	Page 3
11 Does the organization of	conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a gr	rantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable	e gaming?		Yes	No No
13 Indicate the percentage	e of gaming activity conducted in:			
a The organization's facil	lity		13a	%
b An outside facility		L	13b	%
14 Enter the name and ad	dress of the person who prepares the organization's gaming/special events books and rec	ords:		
	have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
 b If "Yes," enter the amore of gaming revenue reta c If "Yes," enter name and 	unt of gaming revenue received by the organization ▶ \$ and the a ained by the third party ▶\$ and the and address of the third party:			
Name 🕨				
Address 🕨				
16 Gaming manager inform	mation:			
Name 🕨				
Gaming manager comp	pensation 🕨 \$			
Description of services	provided			
Director/officer	Employee Independent contractor			
17 Mandatory distributions	S:			
a Is the organization requ	uired under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming	license?		Yes	No
b Enter the amount of dis	stributions required under state law to be distributed to other exempt organizations or sper	nt in the		
	empt activities during the tax year 🕨 \$			
	Ital Information. Provide the explanations required by Part I, line 2b, columns (iii) and and 17b, as applicable. Also provide any additional information. See instructions.	(v); and Part	III, lines 9, 9	9b, 10b,
832083 10-03-18	Schedu	ule G (Form 9	990 or 990	-EZ) 2018

	· /- · · · · · · · · · · · · · · · · · ·	GREAT		
	G (Form 990 or 990-EZ)	CRUELT		IMALS
Part IV	Supplemental In	formation _{(cor}	ntinued)	

	Schedule G (Form 990 or 990-EZ)
832084 04-01-18	,

SC	HEDULE J	Compensation	Information	I	OMB No. 1	545-004	17
	000)	certain Officers, Directors, Truste			00	40	<u> </u>
•	,	Compensated E	Employees		20	ĬŎ	j –
_	-	lete if the organization answered ' ► Attach to Fo	'Yes" on Form 990, Part IV, line 23.		Open to	Publi	ic
	artment of the Treasury		uctions and the latest information.		Inspe	ction	
Nam		PLAINS SPCA		Employer ide	entificatio	on nur	nber
		TY TO ANIMALS		05-05	52529	9	
Pa	art I Questions Regarding C	ompensation					
						Yes	No
1a	Check the appropriate box(es) if the o	rganization provided any of the follo	wing to or for a person listed on Form s	990,			
	Part VII, Section A, line 1a. Complete	Part III to provide any relevant inform	nation regarding these items.				
	First-class or charter travel	Ηοι	using allowance or residence for persor	nal use			
	Travel for companions	Pay	ments for business use of personal res	idence			
	Tax indemnification and gross-u	payments 📃 Hea	alth or social club dues or initiation fees	;			
	Discretionary spending account	Pers	sonal services (such as maid, chauffeu	r, chef)			
b	If any of the boxes on line 1a are che	ked, did the organization follow a w	ritten policy regarding payment or				
	reimbursement or provision of all of the	e expenses described above? If "No	o," complete Part III to explain		. 1b		L
2	Did the organization require substant	ation prior to reimbursing or allowing	g expenses incurred by all directors,				
	trustees, and officers, including the C	EO/Executive Director, regarding the	e items checked on line 1a?		. 2		<u> </u>
3	Indicate which, if any, of the following	the filing organization used to estab	lish the compensation of the organizat	ion's			
	CEO/Executive Director. Check all the	t apply. Do not check any boxes for	methods used by a related organization	on to			
	establish compensation of the CEO/E	xecutive Director, but explain in Part	: 111.				
	Compensation committee	Writ	tten employment contract				
	Independent compensation con	ultant 🔄 Cor	npensation survey or study				
	Form 990 of other organizations		proval by the board or compensation co	ommittee			
4	During the year, did any person listed		e 1a, with respect to the filing				
	organization or a related organization						
а	Receive a severance payment or char					X	37
b			ment plan?				X X
С			rangement?		. 4c		
	If "Yes" to any of lines 4a-c, list the pe	rsons and provide the applicable an	nounts for each item in Part III.				
			malata linea 5.0				
-	Only section 501(c)(3), 501(c)(4), and			_			
э		/II, Section A, line 1a, did the organi	zation pay or accrue any compensation	I			
-	contingent on the revenues of:				E.		x
							X
b					de		
6	If "Yes" on line 5a or 5b, describe in F		zation now or apprise any companyation	-			
6	contingent on the net earnings of:	ni, Section A, line Ta, did the organi	zation pay or accrue any compensation	I			
~	• •				6a		x
							X
D.	If "Yes" on line 6a or 6b, describe in F				00		
7			zation provide any nonfixed payments				
'			zation provide any nonlixed payments		7		x
8			ant to a contract that was subject to th		,		
0	initial contract exception described in				8		x
9	If "Yes" on line 8, did the organization				. 0		
3					9		
LHA	For Paperwork Reduction Act Not				e J (Form	1 990)	2018

832111 10-26-18

GREAT PLAINS SPCA CRUELTY TO ANIMALS

Schedule J (Form 990) 2018

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(()())	reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2018

Page 2

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Part III Supplemental Information

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

PART I, LINE 4A:

JANETTE LEVY, CFO THROUGH FEBRUARY 8, 2018, RECIEVED SEVERANCE PAYMENTS IN

THE AMOUNT OF \$3,269 IN 2018.

	HEDULE M		Nonc	ash Contri	butions	S			OI	MB No. 154	45-0047
(Fo	rm 990)									20 -	18
Denet		 Complete if the org Attach to Form 990 		answered "Yes" or	n Form 990, I	Part IV, line	es 29 or 3	30.		pen to l	
	ment of the Treasury I Revenue Service	Go to www.irs.gov/		r instructions and	the latest inf	formation.				Inspect	
Name	e of the organization	GREAT PLAINS						Emplo	oyer ident	ificatior	n number
		CRUELTY TO A	NIMALS						05-0	5525	29
Par	tl Types of F	Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	Noncash o amounts r	(c) contribution reported on art VIII, line			(d) thod of de h contribu		
1	Art - Works of art										
2	Art - Historical treasu	ıres									
3	Art - Fractional intere	ests									
4	Books and publication	ons									
5		old goods									
6	Cars and other vehic	les									
7	Boats and planes \dots										
8											
9	Securities - Publicly	traded									
10	Securities - Closely h	neld stock									
11	Securities - Partnersl trust interests	hip, LLC, or									
12		neous									
13	Qualified conservation										
	Historic structures										
14		on contribution - Other									
15		ntial									
16		ercial									
17											
18											
19											
20		upplies									
21											
22											
23											
24	Archeological artifac										
25		T FOOD AND)	X	558		69,028	3.FA	CR ML	ARKET	VAL	UE
26	Other 🕨 (SP	ECIAL EVENT	X	144		20,670).FA	CR ML	ARKET	VAL	UE
27	Other 🕨 ()									
28	Other 🕨 ()									
29	Number of Forms 82	83 received by the organi	zation during	g the tax year for co	ontributions						
	for which the organiz	zation completed Form 82	83, Part IV, [Donee Acknowledg	ement	29					
										`	Yes No
30a	During the year, did	the organization receive b	y contributio	n any property rep	orted in Part I	l, lines 1 thr	ough 28,	that it			
	must hold for at leas	t three years from the date	e of the initia	l contribution, and	which isn't re	equired to b	e used fo	or			
	exempt purposes for	r the entire holding period	?							30a	<u> </u>
b		e arrangement in Part II.									
31	Does the organizatio	n have a gift acceptance	policy that re	equires the review o	of any nonstar	ndard contr	ibutions?	,		31	<u> </u>
32a		n hire or use third parties		•		r sell nonca	Ish			32a	x
b	If "Yes," describe in								-		
33		dn't report an amount in c	olumn (c) foi	r a type of property	for which col	lumn (a) is c	hecked,				
	describe in Part II.			-							
LHA	For Paperwork Re	eduction Act Notice, see	the Instruct	tions for Form 990				So	chedule N	l (Form	990) 2018

Schedule M	1 (Form 990) 2018	CRUELTY	TO ANIMALS			05-0552529	Page 2
Part II	Supplemental is reporting in Par this part for any a	l Information t I, column (b), th dditional informa	 Provide the information e number of contributions tion. 	required by Part I, lines , the number of items re	30b, 32b, and 33, a eceived, or a combir	nd whether the organizat nation of both. Also comp	tion blete
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GREAT PLAINS SPCA

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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

Supplemental Information to Form 990 or 990-EZ



GREAT PLAINS SPCA CRUELTY TO ANIMALS

IMALS 05-0552529

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADOPTIONS, LOST PET, SPAY/NEUTER, AFFORDABLE VET CARE SERVICES, TRAP,

NEUTER, RELEASE SERVICES AND BEHAVIOR TRAINING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE BEHAVIORAL AND VOLUNTEER PROGRAMS. BEHAVIORAL ADDS TO THE QUALITY

OF LIFE FOR PETS AND THEIR FAMILIES. VOLUNTEER DEPARTMENT FOCUSES ON

OUR MOST IMPORTANT ASSETS TO THE ORGANIZATION, OUR VOLUNTEERS. THIS

PROGRAM ALSO CONDUCTS EDUCATIONAL CAMPS FOR KIDS DURING THE SUMMER.

EXPENSES \$ 190,973. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

THAD HUBLER, BOARD MEMBER IS MARRIED TO ALYX HUBLER, CFO. THAD HUBLER

ABSTAINS FROM ANY DECISIONS RELATED TO COMPENSATION OF THE CFO.

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

RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. IT IS REVIEWED BY THE

CEO AND CFO AND THEN PROVIDED TO ENTIRE BOARD PRIOR TO FILING.

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

CEO MONITORS POLICY COMPLIANCE AND IS RESPONSIBLE FOR SIGNING ALL

CONTRACTS.

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

THE CHAIRMAN OF THE BOARD DETERMINES THE CEO AND KEY EMPLOYEES' SALARIES.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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2018.04030 GREAT PLAINS SPCA CRUELTY 20496.01

GREAT PLAINS SPCA Name of the organization CRUELTY TO ANIMALS

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

CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE AVAILABLE UPON

REQUEST.

PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.