			** PUBLIC DISCLOSURE CO	PY **		
		00	Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047
Construction Control Contrel Control Control Control Control Control Control Control Contro		s) 2016				
Dena	rtment o	of the Treasury	Do not enter social security numbers on this form a	as it may b	e made public.	Open to Public
Porm Sector Partnert of the Treasury Internal Revenue Service Denote the sector Denote the sector B Check if applicable: C Name of organization GREAT PLAINS SPCA CRUELTY TO ANIMALS B Check if applicable: C Name of organization GREAT PLAINS SPCA CRUELTY TO ANIMALS Doing business as Initial Initia	Information about Form 990 and its instructions is	at www.irs	s.aov/form990.	Inspection		
AF	or the	e 2016 calend	ar year, or tax year beginning and e	ending		
Bc	heck if	C Name o	forganization		D Employer identific	ation number
a		GREA	T PLAINS SPCA			
	chang	e CRUE	LTY TO ANIMALS			
	chang		usiness as F/K/A HEARTLAND SPCA		05-0	552529
	return			Room/suite		
	return/		ANTIOCH ROAD		913-'	
	Media Return of Organization Exempt From Income Tax Under section 501(5) 527, or 4947(a)(1) of the Internal Revenue Code (sector) private foundation.					
	return	MEKK			-	
Form SPOD Duer total values a local beam water and a local (secure) numbers on this form as it may be made public. Information about Form 990 and its instructions is at may be made public. Information about Form 990 and its instructions is at may be made public. Differentiation about Form 990 and its instructions is at may be made public. Information about Form 990 and its instructions is at may be made public. Differentiation about Form 990 and its instructions is at may be made public. Differentiation about Form 990 and its instructions is at may be made public. Differentiation and public. Control C						
		SAME				
				r 527		
			X Corporation Trust Association Other ►	L Year	of formation: 2003	State of legal domicile: MO
Control of the second second product of the second pro						
ø	1	Briefly describ	e the organization's mission or most significant activities: SEE S	SCHEDU		
anc			N D u u u u u u u			
ern						ets.
Š						<u> </u>
ه ۵					·····	
ies						
tivit						
Ac						
	0	Net unrelated	business taxable income from Form 990-1, life 34			
	8	Contributions	and grants (Part VIII line 1h)			
anı						
ver						
Re						
						,,
6	4-	Colorian other	(a - a - b - a - b - a - b - a - b - a - b - a - b - a - b - a - b - a - b - b		4,461,694.	4,521,919.
Ise	16a	Professional f	undraising fees (Part IX, column (A), line 11e)			
per	ь	Total fundrais	ng expenses (Part IX, column (D), line 25) 759,65	8.		
ш	17				2,338,352.	2,001,491.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,800,046.	
	19	Revenue less	expenses. Subtract line 18 from line 12		82,140.	-723,603.
or				Be	ginning of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)			1,039,618.
t As d Bá	21					
Eun	22				872,209.	148,606.
Pa	art II					
						knowledge and belief, it is
true,	correc	ct, and complete	Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.	
			- of officer		Deta	
		, -			Date	
A For the B Check if applicabl Addre Chang Cha						
			אוווג וומוווד מווע נונוד			

	Type of print name and this			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KIMBERLY ANN RYAN			self-employed P00829977
Preparer Firm's name RUBINBROWN LLP			Firr	n's EIN ▶ 43-0765316
Use Only	Firm's address 🕨 1200 MAIN STREET	, SUITE 1000		
	KANSAS CITY, MO	64105	Pho	one no.816-472-1122
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
				- 000 (

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	GREAT PLAINS SPCA		
Form	1 990 (2016) CRUELTY TO ANIMALS	05-0552529	Page 2
Pa	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	RAMS THAT	
	PROMOTE ADOPTION, OUTREACH, VETERINARY CARE, AND A BETTE		
	PETS AND THE PEOPLE WHO LOVE THEM.	IN DILL ION	
	FEIS AND THE FEOFILE WHO DOVE 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	s 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?	X Ye	s 🗌 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 expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	
	revenue, if any, for each program service reported.		unu
4a		enue \$ 949	019
44	(Code:) (Expenses \$3, 678, 244. including grants of \$0. (Reve ADOPTION AND LOST PET CENTER: PROVIDES ADOPTION SERVICES		<u>, 01)•</u>)
	LOST/RETRIEVAL SERVICES, BEHAVIORAL TRAINING, FOSTER ANI		
	SHELTER CARE FOR CATS, DOGS AND SMALL DOMESTICATED ANIMA	ALS FOR THE	
	GREATER KANSAS CITY REGION.		
4b	(Code:) (Expenses \$1,344,617. including grants of \$0. (Reve		,680.)
	SPAY/NEUTER AND VET WELLNESS CLINIC, INCLUDING THE FERAL		<u>M:</u>
	PROVIDES LOW COST SPAY/NEUTER SERVICES AND VET CARE TO I	LOW INCOME	
	OWNERS AND FREE ROAMING CATS.		
4c	(Code:) (Expenses \$95,548. including grants of \$0.) (Reve	enue \$	62.)
		THE PROGRAM	
	TO WORK IN THE INNER CITY NEIGHBORHOODS WITH THE MOST EC		10
	DISADVANTAGED PET OWNERS TO HELP EDUCATE THEM ABOUT APPE		
	OWNERSHIP AND ASSIST THEM WITH IMPROVING THE LEVEL OF CA		
	THEIR PETS. EFFORTS INVOLVE PROVIDING FOOD, SHELTER AND	OTHER RESOU	RCES
	AS WELL AS TRANSPORTATION FOR SPAY/NEUTER APPOINTMENTS.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 177, 385 • including grants of \$ 0 •) (Revenue \$	23,865.)	
4e	Total program service expenses ► 5,295,794.	·	
		Form	990 (2016)
63200	2 11-11-16		(= : •)
	2		
011	109 132842 20496.0000 2016.05000 GREAT PLAINS		20496

15101109 132842 20496.0000

2016.05000 GREAT PLAINS SPCA CRUELTY 20496.01

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Form	990 (2016) 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	-		
U		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
4				x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
D.		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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			
	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			<u> </u>
10		16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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

Form 990 (2016)

GREAT PLAINS SPC

	<u>990 (2016) CRUELTY TO ANIMALS 05-0552</u>	2529	P	_{age} 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b				
	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		<u> </u>
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		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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		Х
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		<u> </u>
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<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			
	Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

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Form	990 (2016) CRUELTY TO ANIMALS	05-055	2529	F	age 5
Par					U U
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	Х	
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 21	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	rns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 A	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	ions 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 se	rvices provided to the payor	? <u>7a</u>	X	
			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
	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 of				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	110			
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a	-		
b		116			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b			
		12b	120		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		ISd		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
~	Enter the amount of reserves on hand	13D			
	Did the second static second state of the base of the second state of the base	•	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul		14a	1	<u> </u>
				L	1

Form 990 (2016)
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Form 990 (2016)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X

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

					Ye	s I
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a				
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with an	iy other			
	officer, director, trustee, or key employee?			. 2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was ⁻	filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		
6	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 ap					
	more members of the governing body?	-		78		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			71		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ver					
	The governing body?	,	0-	88	X	
	Each committee with authority to act on behalf of the governing body?					_
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re					
	The internal Research and the internal Research about policies not required by the internal Re	evenue C	<u>0de.)</u>		Ye	s
10-2	Did the organization have local chapters, branches, or affiliates?			10		*
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			. – –	a	+
		•		10	-	
			filing the form 0			+
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belore	ming the form?	11	ал	·
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10	a X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13					_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	0 1	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,			v	
	in Schedule O how this was done					
	Did the organization have a written whistleblower policy?					_
	Did the organization have a written document retention and destruction policy?			. 14		-
	Did the process for determining compensation of the following persons include a review and approva	al by inde	pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official					-
	Other officers or key employees of the organization			. 15	b	_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with	na			
	taxable entity during the year?			. 16	a	_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its par	ticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orgar	nization's	\$			
	exempt status with respect to such arrangements?		<u></u>	. 16	b	
sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sectior	ו 501(c)(3)s only) availa	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n in Sche	dule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of i	nterest policy, a	nd fina	ncial	
	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 boo	oks and i	records: 🕨 🔄			
20	JANETTE LEVY - 913-742-7330					
	5428 ANTIOCH ROAD, MERRIAM, KS 66202					

orm 990 (2016)	CRUELTY	то	ANII	MALS			05-055
Part VII	Compensation	of Officers,	Dire	ctors,	Trustees,	Key Employees,	Highest Compe	nsated
	Employada an	d Indonond	ant C	ontro	atora			

Employees, and Independent Contractors

F

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."

• 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.

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	(- 1 -		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	than o s both	an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus [.]	ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		ee	npens		(00-2/1099-0015C)		organization and related
	below	dual t	Institutional trustee		nploy	st cor	r			organizations
	line)	in divi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) MR. CHUCK LAUE	2.00									
CHAIRMAN OF THE BOARD		х		x				0.	0.	0.
(2) MS. PATTI GLASS	0.50									
VICE-CHAIR OF THE BOARD		х		х				0.	0.	0.
(3) MS. JAMI WAGGONER	0.50									
TREASURER		х		x				0.	0.	0.
(4) MR. TOM RENSENHOUSE	0.50									
BOARD MEMBER		х						0.	0.	0.
(5) MS. JAMI PRYOR	0.50									
BOARD MEMBER		х						0.	0.	0.
(6) MR. DAN THOMPSON	0.50									
BOARD MEMBER		х						0.	0.	0.
(7) MS. PAM SCOTT	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) MS. KELLY CHAMBERLAIN	45.00									
COO/VICE PRESIDENT				Х				89,278.	0.	0.
(9) MS. JANETTE LEVY	45.00									
CFO				Х				71,761.	0.	2,500.
(10) MS. BARBARA POE	45.00									
COO INDY				Х				66,459.	0.	0.
(11) MS. JUNE ANNE CHALFANT	45.00									
CDO				Х				81,591.	0.	0.
(12) MS. COURTNEY THOMAS	45.00									
CEO/PRESIDENT				Х				148,112.	0.	0.
		1	1	1	1	1				

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2016.05000 GREAT PLAINS SPCA CRUELTY 20496.01

7

	990 (2016) CRUELTY	TO ANIMA	LS	5						05-05	5 <u>52</u> !	529	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization		ar	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIS	I	fr org an	om th anizat d relat anizati	ie tion ted
			-											
			-											
			-						455.001				<u> </u>	
с	Sub-total Total from continuation sheets to Part VI	I, Section A							457,201.		0. 0. 0.			00.
d 2	Total number of individuals (including but n	ot limited to th						o re	457,201. eceived more than \$100,	000 of reportable			2,5	1
3	Did the organization list any former officer,	director or tr	istor	a ka	N OR	nnlo		ort	highest componented on				Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4		X
Sec	rendered to the organization? <i>If</i> "Yes," corr tion B. Independent Contractors										<u></u>	5		X
1	Complete this table for your five highest co the organization. Report compensation for										ensat	ion fro	om	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C)) ompe	C) nsatio	n
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organia	•	ot lin	niteo	d to		se lis)	ted	above) who received mo	ore than				
	· · · · · · · · · · · · · · · · · · ·											Form	990 ((2016)

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8 2016.05000 GREAT PLAINS SPCA CRUELTY 20496.01

Form 990 (2016) CRUELTY TO ANIMALS Part VIII Statement of Revenue Vision Vision

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	<u>(</u>
					Total revenue	Related or	Unrelated	(D) Revenue excluder from tax under
						exempt function revenue	business revenue	sections 512 - 514
s	1 a	Federated campaigns	1a					512 514
nut		Membership dues						
no E		Fundraising events		90,427.				
ΓA		Related organizations		•				
nile		Government grants (contribut		052,418.				
ŝ		All other contributions, gifts, gran		-				
ther		similar amounts not included abo		948,830.				
ō	g	Noncash contributions included in lines		139,787.				
and Other Similar Amounts	h	Total. Add lines 1a-1f			3,091,675.			
				Business Code				
	2 a	SPAY/NEUTER AND	VET WE		1,392,680.			
Revenue		ADOPTION AND LO	ST PET	900099		949,019.		
nue		SASSY PROGRAM		900099	23,865.			
eve	d	HERO PROGRAM		900099	62.	62.		
,œ	е							
		All other program service reve						
		Total. Add lines 2a-2f			2,365,626.			
	3	Investment income (including	,	,	176			170
		other similar amounts)			176.			176
	4	Income from investment of tax						
	5	Royalties						
	6	Croco ronto	(i) Real	(ii) Personal				
		Gross rents Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, .	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
-		Gross income from fundraisin						
Uther Kevenue		including \$ 90 , 4	27. of					
eve		contributions reported on line						
л Н		Part IV, line 18		408,055.				
Ĕ		Less: direct expenses		179,106.				
		Net income or (loss) from fund	•	····· ►	228,949.			228,949
	9 a	Gross income from gaming ad						
	_	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		·····				
	iu a	Gross sales of inventory, less		568,586.				
	L	and allowances Less: cost of goods sold		470,158.				
		Net income or (loss) from sale		•	98,428.	98,428.		
F	U	Miscellaneous Revenu		Business Code		50,4200		
F	11 a	OTHER OPERATING		900099	14,953.	14,953.		
	b					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	c							
		All other revenue						
	e	Total. Add lines 11a-11d		▶	14,953.			
	12	Total revenue. See instructions.		·····		2,479,007.	0.	229,125

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Form 990 (2016)

Part IX Statement of Functional Expenses -----1501()(4) .

Do i	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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,				
	trustees, and key employees	459,701.	237,199.	92,034.	130,468
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,420,772.	2,976,595.	158,162.	286,015
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	287,685.	256,904.	8,237.	22,544
0	Payroll taxes	353,761.	302,453.	15,648.	35,660
1	Fees for services (non-employees):				
а	Management				
b	Legal	5,266.		5,266.	
с	Accounting	23,800.		23,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	147,841.	116,290.	8,526.	23,025
2	Advertising and promotion	160,227.	39,878.	1,677.	23,025
3	Office expenses	26,765.	12,112.	11,542.	3,111
4	Information technology				
5	Royalties				
6	Occupancy	153,284.	124,473.	23,725.	5,086
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	10,439.	6,211.	3,371.	857
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	102,964.	79,649.	23,315.	
3	Insurance	17,572.	4,559.	13,013.	
4	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	MEDICAL AND SURGICAL	623,998.	623,475.		523
b	SUPPLIES	288,830.	235,187.	31,422.	22,221
с	MISCELLANEOUS	179,720.	128,132.	31,402.	20,186
d	REPAIRS AND MAINTENANCE	178,146.	152,677.	16,818.	8,651
	All other expenses	82,639.		. ,	82,639
5	Total functional expenses. Add lines 1 through 24e	6,523,410.	5,295,794.	467,958.	759,658
5 6	Joint costs. Complete this line only if the organization	. , , • •	· , · , · •	,	,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

10

		Check if Schedule O contains a response or note	e to any line i	n this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			364,664.	1	343,853.
	2	Savings and temporary cash investments			111,953.	2	25,217.
	3	Pledges and grants receivable, net			496,375.		
	4	Accounts receivable, net			118,460.	4	101,560.
	5	Loans and other receivables from current and for	rmer officers,	directors,			
		trustees, key employees, and highest compensat	ted employee	es. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B)	, and contributing			
		employers and sponsoring organizations of section	on 501(c)(9)	voluntary			
ts		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			115,542.	8	145,554
	9	Prepaid expenses and deferred charges			462.	9	625
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,009,567.			
	b	Less: accumulated depreciation	10b	591,752.	488,884.	10c	417,815.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,994.	15	4,994
	16	Total assets. Add lines 1 through 15 (must equa			1,701,334.	16	1,039,618
	17	Accounts payable and accrued expenses		317,660.	17	382,210	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
liti		key employees, highest compensated employees	s, and disqua	alified persons.			
Liabilities				······ -		22	F00 000
-	23	Secured mortgages and notes payable to unrelat		Г	511,465.	23	508,802.
	24	Unsecured notes and loans payable to unrelated	-	F		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Com	plete Part X of			
		Schedule D			829,125.	25	0.01 010
	26	Total liabilities. Add lines 17 through 25			029,123.	26	891,012.
		Organizations that follow SFAS 117 (ASC 958)					
ses	07	complete lines 27 through 29, and lines 33 and			375,834.	07	08 701
anc	27	Unrestricted net assets			496,375.	27	<u>98,701</u> 49,905.
Bal	28	Temporarily restricted net assets			490,373.	28	49,903
pu	29					29	
Ē		Organizations that do not follow SFAS 117 (AS					
s 01	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30 31	
As	31	Paid-in or capital surplus, or land, building, or equipated according and automate accountilated in				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			872,209.	32	148,606.
-	33	Total net assets or fund balances			1,701,334.	33	1,039,618.
	34	Total liabilities and net assets/fund balances			±,/0±,JJ4•	34	Form 990 (2016

	GREAT PLAINS SPCA				
Form	990 (2016) CRUELTY TO ANIMALS	05-0552	2529	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)		5,799		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,523		
3	Revenue less expenses. Subtract line 2 from line 1	3	-723		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	872	2,2	09.
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,				
		10	148	8,6	06.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				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 O.				
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	i a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	asis,			
	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 a				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit			37
	Act and OMB Circular A-133?		3a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	<u> </u>
			Form	39U	(2016)

Form **990** (2016)

SCHEDULE A	Du	hlia Cha	rity Status on		lie Gr	unnort		OMB No. 1545-0047						
(Form 990 or 990-EZ)			n ity Status an nization is a section 50 [.]					2016						
	Comple	-	947(a)(1) nonexempt cha					2010						
Department of the Treasury Internal Revenue Service	.		Attach to Form 990 or I					Open to Public Inspection						
Name of the organization		out Schedule A	(Form 990 or 990-EZ) and	ts instruction	ons is at N	/ww.irs.gov/to		identification number						
		TO ANI						5-0552529						
Part I Reason			(All organizations must co	omplete th	is part.) Se	ee instructions		5 0552525						
			(For lines 1 through 12, c											
1 A church, cor	nvention of churche	s, or associati	on of churches described	in sectio	on 170(b)(⁻	1)(A)(i).								
2 A school dese	cribed in section 1	70(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 99	90-EZ).)									
	• •	•	anization described in s			•								
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:													
	city, and state:													
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)													
			mental unit described in	section 17	70(b)(1)(A)	(v).								
	· -	-	antial part of its support f				ne general p	oublic described in						
section 170(I	b)(1)(A)(vi). (Comple	ete Part II.)												
8 A community	trust described in	section 170(b)	(1)(A)(vi). (Complete Par	t II.)										
-	-		l in section 170(b)(1)(A)		-		-	-						
	or a non-land-grant o	college of agrid	culture (see instructions).	Enter the	name, city	, and state of	the college	or						
university: 10 X An organizati	an that narmally ray		than 22 1/20/ of its own	o ort from a	ootributio	no momborol	in face on	d areas ressints from						
•			e than 33 1/3% of its sup oct to certain exceptions,											
	-	-	e (less section 511 tax) fro					-						
	509(a)(2). (Complet				ļ									
11 🗌 An organizati	on organized and o	perated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).								
12 🗌 An organizati	on organized and o	perated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or						
more publicly	[,] supported organiz	ations describ	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in						
	-	• •	of supporting organization		-		-							
			supervised, or controlled	• • • •	-									
		-	egularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting						
	n. You must comp		d or controlled in connec	tion with it	e supporte	ad organizatio	n(e) by bay	ina						
		-	anization vested in the s			-		-						
			Sections A and C.				,							
c 🗌 Type III fur	nctionally integrate	ed. A supportir	ng organization operated	in connect	tion with, a	and functional	ly integrate	d with,						
its supporte	ed organization(s) (s	ee instructions	s). You must complete	Part IV, Se	ections A,	D, and E.								
d 🗌 Type III no	n-functionally integ	grated. A sup	porting organization ope	ated in co	nnection v	vith its suppor	ted organiz	ation(s)						
		•	zation generally must sat			•	an attentiv	reness						
			mplete Part IV, Sections											
	0		written determination fro			Type I, Type	II, Type III							
f Enter the number			onally integrated supporti											
	ing information abo		ed organization(s).											
(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o		(vi) Amount of other						
organization	i		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)						
Total				000 ==		<u> </u>								
LHA For Paperwork Re	auction Act Notice	e, see the Inst	ructions for Form 990 o 13	990-EZ.	632021 09-	21-16 Sche	aule A (For	m 990 or 990-EZ) 2016						

Schedule A (Form 990 or 990 EZ) 2016 CRUELTY TO ANIMALS

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 \dots						
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)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support		1	-	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	ohere					
See	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2016 (I		•			14	%
	Public support percentage from 2015						%
16 a	33 1/3% support test - 2016. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual		•••••				
17a	10% -facts-and-circumstances test	- 2016. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances test	- 2015. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, c	heck this box and	stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ		-		• • • •		▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			
					Sch	edule A (Form 99	0 or 990-EZ) 2016

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Part II

Schedule A (Form 990 or 990 EZ) 2016 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) 2014 (d) 2015 (a) 2012 (b) 2013 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3091675.17380039. 2708597 3383018. 3563003. 4633746. 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 1606929. 1943083. 1727183. 2365626. 9220928. 1578107. 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 6360929. 4286704 4989947. 5506086. 5457301.26600967. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 607,919. 915,000. 675,000. 199,919. 145,184. 2543022. 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 145,184. 607,919. 915,000. 675,000. 199,919. 2543022 24057945 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2015 (e) 2016 (a) 2012 (b) 2013 (c) 2014 (f) Total 9 Amounts from line 6 5506086. 5457301.26600967. 4286704. 4989947 6360929 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 3,690. 296. 107. 269. 176. 4,538. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,690. 296. 107. 269. 176. 4,538. 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 <u>554,8</u>42. 520<u>,9</u>89. 20,749. 182,072. 342,330. 1620982. assets (Explain in Part VI.) 4311143. 5172315. 6061035. 6882187. 5799807.28226487. 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 85.23 % Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 15 84.40 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .02 17 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) % .03 18 18 Investment income percentage from 2015 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2016. 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 - 2015. 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) 2016 632023 09-21-16 15

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Schedule A (Form 990 or 990-EZ) 2016 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 (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) 2016

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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	-		
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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 line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	(ationa)		
2	Activities Test. Answer (a) and (b) below.	ucuons).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
u	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				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	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) 2016

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Schedule A (Form 990 or 990-EZ) 2016	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		
e E	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) 2016

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1

Sche Par	t V Type III Non-Functionally Integrated 509	IMALS (a)(3) Supporting Orga		5-0552529 Page 7
	on D - Distributions		nizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		Ourrent real
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		5	
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 th	e organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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GREAT PLAINS SPCA Schedule A (Form 990 or 990 EZ) 2016 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 2012 AMOUNT: \$ 20,381. 2013 AMOUNT: \$ 20,329. 2014 AMOUNT: \$ 277,014. 2015 AMOUNT: \$ 234,801. 2016 AMOUNT: \$ 228,949. SALES OF INVENTORY 2013 AMOUNT: \$ 160,328. 2014 AMOUNT: \$ 276,049. 2015 AMOUNT: \$ 276,768. 2016 AMOUNT: \$ 98,428. OTHER OPERATING REVENUE 2012 AMOUNT: \$ 1,415. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,415. 2015 AMOUNT: \$ 1,415. 2016 AMOUNT: \$ 1,415. 2017 AMOUNT: \$ 1,415. 2018 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,415. 2015 AMOUNT: \$ 1,415. 2016 AMOUNT: \$ 14,953.	· · · · ·	
2013 AMOUNT: \$ 20,329. 2014 AMOUNT: \$ 277,014. 2015 AMOUNT: \$ 234,801. 2016 AMOUNT: \$ 228,949. SALES OF INVENTORY 2013 AMOUNT: \$ 160,328. 2014 AMOUNT: \$ 276,049. 2015 AMOUNT: \$ 276,768. 2016 AMOUNT: \$ 98,428. OTHER OPERATING REVENUE 2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	SPECIAL EVENTS	
2014 AMOUNT: \$ 277,014. 2015 AMOUNT: \$ 234,801. 2016 AMOUNT: \$ 228,949. 	2012 AMOUNT: \$	20,381.
2014 AMOUNT: \$ 277,014. 2015 AMOUNT: \$ 234,801. 2016 AMOUNT: \$ 228,949. 	2013 AMOUNT: \$	20,329.
2016 AMOUNT: \$ 228,949. SALES OF INVENTORY 2013 AMOUNT: \$ 160,328. 2014 AMOUNT: \$ 276,049. 2015 AMOUNT: \$ 276,768. 2016 AMOUNT: \$ 98,428. OTHER OPERATING REVENUE 2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	2014 AMOUNT: \$	
SALES OF INVENTORY 2013 AMOUNT: \$ 160,328. 2014 AMOUNT: \$ 276,049. 2015 AMOUNT: \$ 276,768. 2016 AMOUNT: \$ 98,428. OTHER OPERATING REVENUE 2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	2015 AMOUNT: \$	234,801.
2013 AMOUNT: \$ 160,328. 2014 AMOUNT: \$ 276,049. 2015 AMOUNT: \$ 276,768. 2016 AMOUNT: \$ 98,428. OTHER OPERATING REVENUE 2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	2016 AMOUNT: \$	228,949.
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2015 AMOUNT: \$ 276,768. 2016 AMOUNT: \$ 98,428. OTHER OPERATING REVENUE 2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	2013 AMOUNT: \$	160,328.
2016 AMOUNT: \$ 98,428. OTHER OPERATING REVENUE 2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	2014 AMOUNT: \$	276,049.
OTHER OPERATING REVENUE 2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	2015 AMOUNT: \$	276,768.
OTHER OPERATING REVENUE 2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	2016 AMOUNT: \$	98,428.
2012 AMOUNT: \$ 368. 2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.		
2013 AMOUNT: \$ 1,415. 2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	OTHER OPERATING	REVENUE
2014 AMOUNT: \$ 1,779. 2015 AMOUNT: \$ 9,420.	2012 AMOUNT: \$	368.
2015 AMOUNT: \$ 9,420.	2013 AMOUNT: \$	1,415.
	2014 AMOUNT: \$	1,779.
2016 AMOUNT: \$ 14,953.	2015 AMOUNT: \$	9,420.
	2016 AMOUNT: \$	14,953.

632028 09-21-16

Payments from Disqualified Persons Included on Part III, Line 7a

2016

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
CHARLES & JENNIFER					
JAUE	57,184.	0.	535,000.	0.	77,914
THE QUINN FOUNDATION	88,000.	607,919.	380,000.	675,000.	0
JAMI & FRED PRYOR	0.	0.	0.	0.	75,680
TOM & WENDY					
RENSENHOUSE	0.	0.	0.	0.	41,100
JARRY & PAM SCOTT	0.	0.	0.	0.	5,225
otal to Schedule A, art III, Line 7a	145,184.	607,919.	915,000.	675,000.	199,919

623172 04-01-16

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

<u>2016</u>

Employer identification number

05-0552529

Name	organization

Organization type (check one):

GREAT PLAINS SPCA CRUELTY TO ANIMALS

Filers of:	Section:
Form 990 or 990-EZ	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

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

X 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, 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 exclusively religious is received exclusively religious, charitable, etc., exclusively religious, exclusively religi

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. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2016)			Page 2
	ganization PLAINS SPCA FY TO ANIMALS			er identification number -0552529
Part I	Contributors (See instructions). Use duplicate copies of Part I if additionate	I space is needed.	05	-0352529
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1		\$77,9	<u>14.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2		\$100,7	85.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
3		\$75,6		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
4_		\$82,6	90.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5		\$100,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
623452 10-18		\$		Person Payroll Noncash (Complete Part II for noncash contributions.) 290. 990-EZ. or 990-PF) (2016)

B (Form 990, 990-EZ, or 990-PF) (2016)

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	B (Form 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of or	-		Employer identification number
	PLAINS SPCA		
CRUEL.	TY TO ANIMALS		05-0552529
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	PET FOOD AND SUPPLIES		
1			
		\$2,9	14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
623453 10-18			B (Form 990, 990-EZ, or 990-PF) (2016)

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e B (Form 990, 990-EZ, or 990-PF) (2016)

24 2016.05000 GREAT PLAINS SPCA CRUELTY 20496.01

	B (Form 990, 990-EZ, or 990-PF) (2016)		Page 4		
Name of org			Employer identification number		
	PLAINS SPCA				
	FY TO ANIMALS				
Part III	the year from any one contributor. Complet	e columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
	completing Part III, enter the total of exclusively religion	ous, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) S		
(a) No.	Use duplicate copies of Part III if addition	onal space is needed.			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		-			
		(e) Transfer of git	ft		
F	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		
ŀ					
		(e) Transfer of gift			
	Transforce's name, address	and ZID + 4	Balationship of transforar to transforas		
F	Transferee's name, address,		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	(*)	(-, 3	(*)		
		-			
		-			
		-			
Γ		(e) Transfer of git	it .		
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
F					
		(e) Transfer of gif	it		
	Transforma's manual address		Deletionekia of two of even to two of even		
ŀ	Transferee's name, address,		Relationship of transferor to transferee		
623454 10-18-	-16	• -	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		

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	HEDULE D		al Financial Statements anization answered "Yes" on Form 990,		OMB No. 1545-0047
•		Part IV, line 6, 7, 8, 9, 10	Attach to Form 990.		Open to Public
	nent of the Treasury Revenue Service	Information about Schedule D (For	m 990) and its instructions is at <u>www.irs.gc</u>	ov/form990.	Inspection
Nam	e of the organization	on GREAT PLAINS SPCA CRUELTY TO ANIMALS			identification number
Par	t I Organiza	<u>5-0552529</u>			
1 01		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or A	Accounts.	Complete il trie
	organization		(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value of				
4		end of year			
5	-		writing that the assets held in donor advised fu		
6			exclusive legal control? dvisors in writing that grant funds can be used		Yes No
0	0	0 / /	r donor advisor, or for any other purpose conf	,	
				0	Yes No
Par	t II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.	
1		ervation easements held by the organization			
	Preservation	of land for public use (e.g., recreation or e	ducation) Preservation of a historica	ally important la	ind area
	Protection o	f natural habitat	Preservation of a certified	d historic structu	ure
		of open space			
2	•	• • •	ied conservation contribution in the form of a		
-	day of the tax year				at the End of the Tax Year
a h					
b C	•		ucture included in (a)		
d			after 8/17/06, and not on a historic structure		
-				2d	
3			eased, extinguished, or terminated by the orga	anization during	the tax
	year 🕨				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per			
•		orcement of the conservation easements it			
6	Starr and volunteel	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements	s during the year
7	Amount of expense	es incurred in monitoring inspecting hand	lling of violations, and enforcing conservation	easements duri	na the year
'	► \$	es incurred in monitoring, inspecting, nanc		easements dun	ng the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)	
					Yes No
9			on easements in its revenue and expense stat		ance sheet, and
	include, if applicab	le, the text of the footnote to the organization	ion's financial statements that describes the c	organization's a	ccounting for
Der	conservation ease		Art Historical Tracquires or Other		
Par	_	-	Art, Historical Treasures, or Other	Similar Ass	iels.
10	-	the organization answered "Yes" on Form	C 958), not to report in its revenue statement	and halance ch	worke of ort
Id	0	, ,	hibition, education, or research in furtherance		,
		note to its financial statements that descri			
b			C 958), to report in its revenue statement and	l balance sheet	works of art, historical
	treasures, or other	similar assets held for public exhibition, ea	ducation, or research in furtherance of public s	service, provide	the following amounts
	relating to these ite				
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X				
2			asures, or other similar assets for financial gain	n, provide	
-	-	Ints required to be reported under SFAS 1		•	
a b					
		eduction Act Notice, see the Instructions			dule D (Form 990) 2016
	08-29-16			00.10	,
			26		

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Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	continue	ed)
3										
-	(check all that apply):	-								
a L										
b	Scholarly research	e		Other						
c	Preservation for future generations	- 11 41							VIII	
4	Provide a description of the organization's c	-		-	-			in Part	XIII.	
5	During the year, did the organization solicit of									
Dar	to be sold to raise funds rather than to be m Escrow and Custodial Arran								Yes	NoNo
T ai	reported an amount on Form 990, Pa		ete if the	organizatio	n answered	Yes" on I	Form 990,	Part IV,	line 9, or	
10	Is the organization an agent, trustee, custod		lion for a	contributions	or other ass	ote pot ir	aludad			
Id			•						Yes	No
h	on Form 990, Part X?							∟		
a	In res, explain the arrangement in Part XIII	and complete the lo	nowing ta	able.					Amount	
-	Deginging belonge						1		Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on F								Yes	
	-						<u>y</u> ?	L		
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete						<u></u> 0			
								are book		ara baak
4	Designing of year balance	(a) Current year	(0) P	rior year	(c) Two year	SUACK	(d) Three yea	als Dack	(e) Four ye	Edis Dack
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
	End of year balance		<i>(</i> 11 - 1							
2	Provide the estimated percentage of the cur			g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held ar	nd administer	ed for the	e organizati	on	_	
	by:									es No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o		• •	or other	• •	cumulated		(d) Book v	/alue
		basis (investr	nent)	basis		dep	reciation			0.4.2
1a	Land				3,043.					<u>,043.</u>
b	Buildings			35	1,806.	2	46,30	1.	105	,505.
С	Leasehold improvements									
d	Equipment			65	4,718.	3	45,45	1.	309	,267.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colur</u>	<u>nn (B), line 1</u>	0c.)				417	,815.
							S	chedule	D (Form 9	90) 2016

GREAT	PL	AINS	SPCA
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Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
<u>Total. (</u>	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) 2016

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	GREAT PLAINS SPCA					
Sche	dule D (Form 990) 2016 CRUELTY TO ANIMALS			05-0	0552529	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	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	6,810	,559.
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	2b	361,488.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	649,264.			
е	Add lines 2a through 2d			2e	1,010	
3	Subtract line 2e from line 1			3	5,799	<u>,807.</u>
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	5,799	,807.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		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	7,534	<u>,162.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	361,488.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	649,264.			
е	Add lines 2a through 2d			2e	1,010	
3	Subtract line 2e from line 1			3	6,523	,410.
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	6,523	,410.
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	179,106.
COST OF GOODS SOLD	470,158.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	649,264.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS & RELATED EXPENSES	179,106.
COST OF GOODS SOLD	470,158.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	649,264.

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	GREAT PLA	INS SPCA
Schedule D (Form 990) 2016	CRUELTY I	O ANIMALS
Part XIII Supplemental Info	rmation	

Part Alli Supplemental Information (continued)	
	Schedule D (Form 990) 2016

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	• •	e organization answered "Yes" on						2016	
Department of the Treasury	Open to Public								
Internal Revenue Service	Information a	Inspection							
Name of the organization	ne of the organization GREAT PLAINS SPCA CRUELTY TO ANIMALS 05-05								
Part I Fundraisi		Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 1			
required to d	complete this part	t.							
 a Mail solicitati b Internet and e c Phone solicitati d In-person soli 2 a Did the organization key employees listed b If "Yes," list the 10 	ons email solicitations ations icitations n have a written o ed in Form 990, Pa highest paid indiv	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 iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		ו 🗌	Yes No be	
compensated at lea	ast \$5,000 by the	organization.				1			
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained b fundraiser sted in col. (i)	y) to (or retained by)	
			Yes	No					
Total			•	•					
	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from	registration	
LHA For Paperwork Re	duction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Forr	n 990 or 990-EZ) 2016	

632081 09-12-16

Schedule G (Form 990 or 990 EZ) 2016 CRUELTY TO ANIMALS

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

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
				BIG DAWG		(d) Total events
			PAWTINI GALA		4	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	308,535.	16,995.	172,952.	498,482.
	2	Less: Contributions	77,323.	9,651.	3,453.	90,427
	3	Gross income (line 1 minus line 2)	231,212.	7,344.	169,499.	408,055
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ey	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	118,457.	7,223.	53,426.	179,106
	10		h 9 in column (d)		►	179,106
	11	Net income summary. Subtract line 10 from I				228,949
² a	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Rev	1	Gross revenue				
٦						

ses	2	Cash prizes									
stens	3	Noncash prizes									
Direct Expenses	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	└── Yes └── No	_ % [Yes No	%	│	%			
	7 Direct expense summary. Add lines 2 through 5 in column (d)										
	8	Net gaming income summary. Subtract line 7	from line 1, column	(d)				►			
9	9 Enter the state(s) in which the organization conducts gaming activities:										
	a Is the organization licensed to conduct gaming activities in each of these states?										
a	b If "No," explain:										
		re any of the organization's gaming licenses re			ninated du	ring the tax	year?		Yes		No
b	lf "	Yes," explain:									

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

	GREAT PLAINS SPCA		
		<u>5-0552529</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	—]	<u> </u>
	to administer charitable gaming?	Yes	No No
	Indicate the percentage of gaming activity conducted in:		0/
	The organization's facility		<u>%</u> %
	An outside facility	130	%
	Name		
150	Address		No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
	organization's own exempt activities during the tax year 🕨 💲		
Pa	tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15, 10, and 17b, as applicable. Also provide any additional information.	III, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
63208	3 09-12-16 Schedule G (Form 990 or 990)-EZ) 2016

		GREAT 1	PLAII	NS	SPCA
	G (Form 990 or 990-EZ)	CRUELTY			NIMALS
Part IV	Supplemental Inf	ormation _{(con}	tinued)		

	Schedule G (Form 990 or 990-EZ)

SC	SCHEDULE M						Noncash Contributions						OMB No.	7	
(Form 990)													20	16	
	Complete if the org						ganizations a	answered "Yes" o	n Form 990, Par	rt IV, lines 29	9 or 30		20	10	/
	Department of the Treasury Internal Revenue Service						0.		Open To Publi						
Interna	ıl Revenı	ue Servic	e		Informa	tion about	Schedule M	rm990.	Inspe	ction					
Nam	e of th	e orga	nizatio				S SPCA				Ē		identificati		nber
	_			CF	RUELT	Y TO A	ANIMALS					05	5-0552	529	
Pa	rtl	Тур	pes o	of Prop	erty		_								
							(a) Check if	(b) Number of	(c) Noncash con	tribution		Mothod	(d) of determin	ina	
							applicable		amounts rep		nc		ntribution a	0	5
								items contributed							
1															
2															
3															
4	Book	s and	public	cations											
5															
6	Cars	and of	ther ve	ehicles											
7															
8	Intell	ectual	prope	erty											
9	Secu	rities -	Publi	cly trade	d										
10	Secu	rities -	Close	ely held s	tock										
11	Secu	rities -	Partn	nership, L	LC, or										
	trust	interes	sts .												
12	Secu	rities -	Misce	ellaneous	s										
13	Quali	ified co	onserv	vation co	ntributio	n -									
	Histo	ric stru	ucture	es											
14	Quali	ified co	onserv	vation co	ntributio	n - Other									
15	Real	estate	- Res	idential											
16	Real	estate	- Con	nmercial											
17	Real	estate	- Othe	er											
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25	Othe		(]	PET F	TOOD	AND)	Х	1,907	13	9,787.	FAIF	R MARF	ET VA	LUE	
26	Othe	r 🕨	(_)									
27	Othe	r 🕨	(_)									
28	Othe	r 🕨	()									
29	Num	ber of	Forms	s 8283 re	eceived b	y the orgar	nization during	g the tax year for c	ontributions						
	for w	hich th	ne org	anization	n comple	ted Form 8	283, Part IV, I	Donee Acknowledg	jement	29					
														Yes	No
30a	Durir	ig the	year, o	did the o	rganizati	on receive	by contributio	on any property rep	orted in Part I, lir	nes 1 throug	h 28, tł	nat it			
	must	hold f	or at I	least thre	e years f	rom the da	te of the initia	al contribution, and	which isn't requ	ired to be us	ed for				
	exem	npt pur	poses	s for the e	entire ho	Iding period	d?						30a		X
b	b If "Yes," describe the arrangement in Part II.														
31							31		Х						
32a	Does	the or	rganiz	ation hire	e or use t	third parties	s or related or	ganizations to solid	cit, process, or se	ell noncash					-
	contr	ributior	ns? .					-					32a		X
b	lf "Y€	es," de	scribe	e in Part I	II.										
33	If the	organ	izatio	n didn't r	eport an	amount in	column (c) fo	r a type of property	for which colum	nn (a) is cheo	ked,				
	desc	ribe in	Part I	II.											
LHA	Fo	r Pape	erwork	k Reduct	tion Act	Notice, se	e the Instruc	tions for Form 990).			Schedu	le M (Form	990) (2016)

632141 08-23-16

Schedule M	1 (Form 990) (2016)	CRUELTY	TO ANIM	IALS			0	5-0552529	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information I, column (b), th dditional information	 Provide the is a number of calculation. 	information re ontributions, †	equired by Part the number of	I, lines 30b, 32b items received, o	, and 33, and r a combinati	whether the organ on of both. Also co	ization omplete
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					36				

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.jrs.gov/form990</u>



GREAT PLAINS SPCA CRUELTY TO ANIMALS

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 3, CHANGES IN PROGRAM SERVICES:

LOST PET CENTER AT 6700 W. 67TH ST WAS CONSOLIDATED WITH PAC AT 5422

ANTIOCH DR.

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

THE SASSY PROGRAM PROVIDES FINANCIAL ASSISTANCE TO SENIORS WITH PETS IN

NEED OF UNPLANNED VET SERVICES, AS WELL AS PET MEALS TO CITIZENS

RECEIVING MEAL ASSISTANCE.

EXPENSES \$ 177,385. INCLUDING GRANTS OF \$ 0. REVENUE \$ 23,865.

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:

BOARD OF DIRECTORS DETERMINES CEO AND KEY EMPLOYEES SALARIES VIA A VOTE.

COMPARABLE SALARIES OF SIMILAR POSITIONS THROUGHOUT THE KANSAS CITY AREA

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

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2016.05000 GREAT PLAINS SPCA CRUELTY 20496.01

Name of the organization GREAT PLAINS SPCA CRUELTY TO ANIMALS Employer identification number 05-0552529

ARE ALWAYS CONSIDERED.

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.

Schedule O (Form 990 or 990-EZ) (2016)

632212 08-25-16