| | | | ** 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. |
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| 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. | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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. | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| 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

| GREAT | ΡI | IIA | 1S | SPCA |
|-------|----|-----|---------|--------|
| CRUEL | Ϋ́ | то | A۱ | IIMALS |

| 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 |
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| | <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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CRITELTY TO ANTMALS

| 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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| CRUELTY | то | ANIMALS |
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Form 990 (2016)

01

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. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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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) | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 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.)

16

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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 | | |
| | | | | |

17

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

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| | GREAT | PLAI | NS SPCA |
|--------------------------------------|-------|-------|---------|
| 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

632026 09-21-16

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

632027 09-21-16

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. |
| 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: \$ 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. | SALES OF INVENTO | DRY |
| 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. |
| | | |
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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 |
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| | | | | | |
| 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)

23 2016.05000 GREAT PLAINS SPCA CRUELTY 20496.01

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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 | |
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| | | \$ | |
| (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 | |
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| | | \$ | |
| 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) | | |

15101109 132842 20496.0000

| | 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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2016.05000 GREAT PLAINS SPCA CRUELTY 20496.01

| | | LAINS SPCA | | | | | | | | |
|--------|--|------------------------|-----------------|-----------------------|---------------|------------|-----------------------|----------|-------------|--------------|
| | | TO ANIMAL | | | | | | | 52529 | |
| 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 | | | | | |
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| 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 |
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| Schedule D (Form 990) 2016 | CRUELTY I | O ANIMALS |
| Part XIII Supplemental Info | rmation | |

| Part Alli Supplemental Information (continued) | |
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| | 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 | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | • | • | | | | | |
| | ch the organizatio | n is registered or licensed to solicit o | ontrib | utions | or has been notified | it is | exempt from | registration | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 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 | | |
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| 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) | | |

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| | |
| | 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 | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
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| 23 | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | |
| 25 | Othe | | (] | PET F | TOOD | AND) | Х | 1,907 | 13 | 9,787. | FAIF | R MARF | ET VA | LUE | |
| 26 | Othe | r 🕨 | (_ | | |) | | | | | | | | | |
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| 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