			** PT	JBLIC DISCLOSURE C	OPY **			_		
	Ω	00	Return of Or	ganization Exempt	From I	ncome ⁻	Гах	OMB No. 1545-0047		
Forr	n Y	90	Under section 501(c), 527, o	r 4947(a)(1) of the Internal Revenu	ie Code (exc	ept private fo	undations)	2015		
Depa	rtment o	of the Treasury	Do not enter so	e made publi	с.	Open to Public				
Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.										
<u>A</u> F	or th	e 2015 calend	ar year, or tax year beginning	an an	d ending	1				
Bc	heck if		f organization			D Employe	r identificati	on number		
	Addre	GREA	T PLAINS SPCA							
	_chang ⊐Name	e CRUE	LTY TO ANIMALS			-		2520		
	_chang Initial			ARTLAND SPCA		.	05-055	2529		
	_return ∃Final		and street (or P.0. box if mail is ANTIOCH ROAD	not delivered to street address)	Room/suite	E Telephon		2-7330		
	_return termin	n-				6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		7,325,558.		
	ated Amen	ided MEDD	IAM, KS 66202	v, and ZIP or foreign postal code		G Gross receip				
-	_return Applie		nd address of principal officer:	COURTNEY THOMAS		H(a) Is this a	ordinates?			
	_ltion pendi		AS C ABOVE			H(b) Are all sub				
1 1	ax-ex		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	- · ·		(see instructions)		
			GREATPLAINSSPCA			H(c) Group e		,		
			X Corporation Trust	Association Other ►	L Year			ate of legal domicile: MO		
	art I	Summary			•			×		
-	1	Briefly describ	be the organization's mission or	most significant activities: SEE	SCHEDU	LE O				
Governance										
erna	2	Check this bo	x 🕨 🗌 if the organization	discontinued its operations or disp	osed of more	than 25% of it	s net assets			
0Ve	3		ting members of the governing					14		
ত જ	4			he governing body (Part VI, line 1b)				13		
es				ndar year 2015 (Part V, line 2a) \dots				266		
Activities &				ssary)				750		
Act			d business revenue from Part V					0.		
	b	Net unrelated	business taxable income from	Form 990-T, line 34	<u></u>					
	8	Contributions	and grants (Part VIII, line 1h)			Prior Yea 3 , 563 ,		Current Year 4,633,745.		
ne	9		•			1,943,		1,727,183.		
Revenue				s 3, 4, and 7d)			107.	269.		
Re	11			6d, 8c, 9c, 10c, and 11e)			842.	520,989.		
	12			equal Part VIII, column (A), line 12)		6,061,		6,882,186.		
	13		milar amounts paid (Part IX, col				0.	0.		
	14	Benefits paid	to or for members (Part IX, colu				0.	0.		
ŝ	15	Salaries, othe	r compensation, employee ben	efits (Part IX, column (A), lines 5-10)		3,721,		4,461,694.		
Expenses	16a	Professional f	undraising fees (Part IX, columr	n (A), line 11e)			0.	0.		
xpe	b		ing expenses (Part IX, column (1.0.0			
ш	''			a-11d, 11f-24e)		2,063,		2,338,352.		
	1			Part IX, column (A), line 25)		5,784,		6,800,046.		
	19	Revenue less	expenses. Subtract line 18 fror	n line 12			191.	82,140.		
Assets or d Balances		T . t . t t . <i>(</i>				ginning of Curro 1,153,		End of Year 1,701,334.		
Asse Bala	20	Total assets (F				<u> </u>		829,125.		
Fund	21 22		s (Part X, line 26)	from line 20			069.	872,209.		
	art II	Signature				, , ,	0000	0/2/2000		
		-		return, including accompanying schedul	es and statem	ents, and to the l	best of my kno	wledge and belief, it is		
				n officer) is based on all information of v			-			
				,			-			
Sig	n	Signatur	e of officer			Date				
Her			TTE LEVY, CFO							
		Type or p	print name and title							
		Drint/Type pro		Dreparer's signature		Date	Check	PTIN		

	Print/Type preparer's name	Preparer's signature	Date	
Paid	KIMBERLY ANN RYAN			self-employed P00829977
Preparer	Firm's name 🕒 RUBINBROWN LLP			Firm's EIN 🕨 43-0765316
Use Only	Firm's address 🖌 10975 GRANDVIEW	DR SUITE 600		
	OVERLAND PARK, K	Phone no. 913 - 491 - 4144		
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
		a see the sevente instructions		

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	GREAT PLAINS SPCA 1 990 (2015) CRUELTY TO ANIMALS 05-0552529
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO DRIVE CHANGE IN OUR COMMUNITY THROUGH INNOVATIVE PROGRAMS THAT
	PROMOTE ADOPTION, OUTREACH, VETERINARY CARE, AND A BETTER LIFE FOR
	PETS AND THE PEOPLE WHO LOVE THEM.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	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? Yes [
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,732,435. including grants of \$) (Revenue \$ 597,92)
4a	(Code:) (Expenses \$ 3,732,435. including grants of \$) (Revenue \$ 597,92) ADOPTION AND LOST PET CENTER: PROVIDES ADOPTION SERVICES,
	LOST/RETRIEVAL SERVICES, BEHAVIORAL TRAINING, FOSTER AND NO-KILL
	SHELTER CARE FOR CATS, DOGS AND SMALL DOMESTICATED ANIMALS FOR THE
	GREATER KANSAS CITY REGION.
	GREATER RANDAD CITI REGION:
4b	(Code:) (Expenses \$1,725,441. including grants of \$) (Revenue \$1,124,72
чы	
	SPAY/NEUTER AND VET WELLNESS CLINIC, INCLUDING THE FERAL CAT PROGRAM:
	PROVIDES LOW COST SPAY/NEUTER SERVICES AND VET CARE TO LOW INCOME
	OWNERS AND FREE ROAMING CATS.
	WHEND AND FREE ROAMING CAID.
4c	(Code:) (Expenses \$78,457. including grants of \$) (Revenue \$6
	HERO PROGRAM (PREVIOUSLY PET UPLIFT PROGRAM): FOCUS OF THE PROGRAM IS
	TO WORK IN THE INNER CITY NEIGHBORHOODS WITH THE MOST ECONOMICALLY
	DISADVANTAGED PET OWNERS TO HELP EDUCATE THEM ABOUT APPROPRIATE PET
	OWNERSHIP AND ASSIST THEM WITH IMPROVING THE LEVEL OF CARE THEY PROVID
	THEIR PETS. EFFORTS INVOLVE PROVIDING FOOD, SHELTER AND OTHER RESOURCE
	AS WELL AS TRANSPORTATION FOR SPAY/NEUTER APPOINTMENTS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 101,045. including grants of \$) (Revenue \$ 3,908.)
4e	Total program service expenses 5 ,637,378.
	Form 99
32002 2-16-	2
0.	2
11	2015.04030 GREAT PLAINS SPCA CRUELTY 2

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Form	990 (2015) CRUELTY TO ANIMALS 05-055	2529	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	–		
-		4		x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
~	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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 (2015)

532003 12-16-15

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Form	990 (2015) CRUELTY TO ANIMALS 05-055	2529	Р	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		X
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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			37
	complete Schedule L, Part II	26		X X
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			v
	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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. <u>28b</u>		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	. 29	л	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
0 4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52		32		x
33	Schedule N, Part II			<u> </u>
55		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 55		<u> </u>
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
	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	х	1
				(2015)

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>				╷└──
		і. I	0		Yes	No
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
b		1b	•			
С					v	
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		266			
_	filed for the calendar year ending with or within the year covered by this return	2a	266		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account	t)?	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		, ,			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	5 1 5 5 5			5b		X
С				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•				
	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		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
b				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		•	-		v
e			?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	a by the		•		
•				8		
9	Sponsoring organizations maintaining donor advised funds.			9a		
a 5	Did the sponsoring organization make any taxable distributions under section 4966?					
				9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a h	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 Section 501(c)(12) organizations. Enter:					
		11a				
a b		110				
U		11b				
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	· · · · · ·		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
				13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	13D				
	Did the experimentian vession and an experimenta for independentian services during the terrors.	· · · ·		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul			14a		<u> </u>
	ree, has thined a rollin rize to report these payments: If No. provide an explanation in Schedul			עדי	L	L

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GREAT PLAINS SPCA CRUELTY TO ANIMALS

Form 990 (2015)

Form **990** (2015)

05-0552529

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CRUELTY	то	ANIMALS
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Form 990 (2015)

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.

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
	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		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	t supervisio	n			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
			,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	U				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y						
	in Schedule O how this was done	,			12c	х	
	Did the organization have a written whistleblower policy?				13	X	
	Did the organization have a written document retention and destruction policy?				14	X	
	Did the process for determining compensation of the following persons include a review and approva				17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Jependeni				
					150	х	
	The organization's CEO, Executive Director, or top management official				15a 15b	- 11	x
	Other officers or key employees of the organization				150		- 23
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		ith a				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				16-		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				16a		
		-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				401		
	exempt status with respect to such arrangements?			<u></u>	16b		
	· · · · · · · · · · · · · · · · · · ·	(0 + -			- 11 - 1- 1		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)	s only) av		9	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	ITIICT OF	interest po	incy, and	nnanc	a	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	a records:	▶			
	JANETTE LEVY - 913-742-7330 5428 ANTIOCH ROAD, MERRIAM, KS 66202						
	DEZO ENTIULE RUEU MERKIEM KS DDZUZ						

Form 990 (2015)	CRUELTY TO		05-0552529
Part VII Compensation	of Officers, Dir	ectors, Trustees	, Key Employees, Highest Compensated
Employees, ar	nd Independent	Contractors	

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

GREAT PLAINS SPCA

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (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. Т

(A) (B) (C) (D) (D) (E) (F) Name and Title Average hours per week Average (III any) (III) (IIII) (III) (III) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIIIII) (IIIIIIII) (IIIIIIIIII) (IIIIIIIIIIII) (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			l gu				1001	louit			(F)
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	(17) MS. KELLY CHAMBERLAIN	50.00									
	COO/VICE PRESIDENT				Х				50,504.	0.	

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Form 990 (2015)

Page 7

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	990 (2015) CRUELTY 7	TO ANIMA	LS	5						05-05	552	529	Pa	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	Average Position Reportable hours per (do not check more than one box, unless person is both an officer and a director/trustee) Reportable week from from					compensation from the	(E) Reportable compensation from related organizations		other compensatio				
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	,0)	orga and	om the anizati I relate nizatio	ion ed
	Sub-total								269,658.		0.	1.	L,20	55.
с	Total from continuation sheets to Part VI								0.		0.		L,20	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable	•			1
3	Did the organization list any former officer,	-			-	•			•			3	Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." comtion B. Independent Contractors	iccrue compen	isati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		5		X
1	Complete this table for your five highest con	-	-								ensat	ion fro	m	
	the organization. Report compensation for t (A) Name and business			ondir DNE	0	<u>vith c</u>	or wi	thin	<u>the organization's tax y</u> (B) Description of s		C	(C omper		 า
			110		-				Description of a			omper		<u> </u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to	thos (ted	above) who received mo	ore than				
		<i>.</i>										Form 9	990 (2	2015)

532008
12-16-15
12-10-15

Form 990 (2015) CRUELTY TO ANIMALS Part VIII Statement of Revenue Vitilian Vitilian Vitilian

		Check if Schedule O cont	ains a response	or note to any lin		· (م/	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>v</u> 1	1 a	Federated campaigns	1a					
In		Membership dues						
, E		Fundraising events		117,875.				
ar A		Related organizations		-				
nil		Government grants (contributi		831,242.				
ŝ		All other contributions, gifts, gran						
ther		similar amounts not included abor		684,628.				
ō	g	Noncash contributions included in lines						
and Other Similar Amounts		Total. Add lines 1a-1f			4,633,745.			
				Business Code				
2	2 a	SPAY/NEUTER AND	VET WE	900099	1,124,734.	1,124,734.		
	b	ADOPTION AND LO	ST PET	900099	597,927.	597,927.		
nue	с	OPERATION FURBA	LL	900099	3,908.	3,908.		
eve	d	HERO PROGRAM		900099	614.	614.		
Revenue	е							
	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	1,727,183.			
з	3	Investment income (including						
		other similar amounts)		►	269.			269
4	1	Income from investment of tax	x-exempt bond p	oroceeds 🕨 🕨				
5	5	Royalties		🕨				
			(i) Real	(ii) Personal				
6	Зa	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
7	7 a	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)		►				
	3 a	Gross income from fundraising including \$ 117,8						
A A		contributions reported on line						
5		Part IV, line 18		421,870.				
	b	Less: direct expenses	b	187,069.				
	С	Net income or (loss) from func	draising events	►	234,801.			234,801
g) a	Gross income from gaming ac Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
10) a	Gross sales of inventory, less						
		and allowances		533,071.				
	b	Less: cost of goods sold	b	256,303.				
	с	Net income or (loss) from sale	s of inventory	1	276,768.	276,768.		
		Miscellaneous Revenu		Business Code				
11	1 a	OTHER OPERATING	REVENU	900099	9,420.	9,420.		
	b					ļ ļ		
	С					ļ ļ		
		All other revenue			<u> </u>			
	е	Total. Add lines 11a-11d		►	9,420.			
	2	Total revenue. See instructions.			6 882 186	2,013,371.	0.	235,070

09311109 132842 20496.0000

9

Form 990 (2015)

Part IX Statement of Functional Expenses

D -	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	072 412		01 072	01 072
_	trustees, and key employees	273,413.	229,667.	21,873.	21,873.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 511 620	2 0 2 2 0 1 5	270 702	200 000
7	Other salaries and wages	3,511,630.	2,932,815.	270,792.	308,023.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	293,202.	255,067.	18,326.	10 000
9	Other employee benefits	383,449.		27,281.	<u> 19,809</u> . 30,071.
10		JOJ,449.	326,097.	41,401.	30,071.
11	Fees for services (non-employees):				
	Management	4,980.		4,980.	
		23,800.		23,800.	
	Accounting	25,000.		25,0001	
	Lobbying Professional fundraising services. See Part IV, line 17				
f					
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	88,953.	63,762.	7,383.	17,808.
12	Advertising and promotion	114,828.	12,995.	732.	101,101.
13	Office expenses	30,287.	12,034.	14,140.	4,113.
14	Information technology				
15	Royalties				
16	Occupancy	164,751.	142,883.	14,421.	7,447.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,857.	29,868.	10,383.	606.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,970.	64,861.	15,109.	
23	Insurance	17,916.	2,367.	15,549.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) ´				
а	MEDICAL AND SURGICAL	946,756.	946,756.	4.055	40 500
b		331,132.	282,414.	4,955.	43,763.
С		169,591.	144,136.	15,992.	9,463.
d		140,026.	84,204.	49,381.	6,441.
-	All other expenses	184,505.	107,452.	3,224.	73,829
25	Total functional expenses. Add lines 1 through 24e	6,800,046.	5,637,378.	518,321.	644,347.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2015

CRUELTY TO ANIMALS

		Check if Schedule O contains a response or note to any line in this P	art X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		457,188.	1	364,664.
	2	Savings and temporary cash investments		86,617.	2	111,953.
	3	Pledges and grants receivable, net			3	496,375.
	4	Accounts receivable, net		97,645.	4	118,460.
	5	Loans and other receivables from current and former officers, directo				
		trustees, key employees, and highest compensated employees. Com	plete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defin	ed under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co	ontributing			
		employers and sponsoring organizations of section 501(c)(9) voluntar	y			
Ś		employees' beneficiary organizations (see instr). Complete Part II of S		6		
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		111,791.	8	115,542.
	9	Prepaid expenses and deferred charges		1,018.	9	462.
	10a	Land, buildings, and equipment: cost or other	Γ			
		basis. Complete Part VI of Schedule D 10a 97	7,672.			
	b	Less: accumulated depreciation 10b 48	7,672. 8,788.	394,637.	10c	488,884.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	4,994.	15	4,994.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,153,890.	16	1,701,334.
	17	Accounts payable and accrued expenses		339,674.	17	317,660.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	·		21	
S	22	Loans and other payables to current and former officers, directors, tr				
liti		key employees, highest compensated employees, and disqualified pe	ersons.			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		24,147.	23	511,465.
	24	Unsecured notes and loans payable to unrelated third parties	·····		24	
	25	Other liabilities (including federal income tax, payables to related third	d l			
		parties, and other liabilities not included on lines 17-24). Complete Pa	art X of			
		Schedule D		262 201	25	000 105
	26	Total liabilities. Add lines 17 through 25		363,821.	26	829,125.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨	X and			
es		complete lines 27 through 29, and lines 33 and 34.		710 701		275 024
anc	27	Unrestricted net assets		<u>712,731.</u> 77,338.	27	<u>375,834.</u> 496,375.
Bal	28	Temporarily restricted net assets		11,330.	28	490,3/3.
pd	29	Permanently restricted net assets			29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here	·►□			
Net Assets or Fund Balances		and complete lines 30 through 34.				
šets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds		700 060	32	872 200
~	33	Total net assets or fund balances		790,069. 1,153,890.	33 34	872,209. 1,701,334.
	34	Total liabilities and net assets/fund balances		I,IJJ,090.	34	Form 990 (2015)

Form **990** (2015)

532011 12-16-15

	GREAT PLAINS SPCA				
Form	1 990 (2015) CRUELTY TO ANIMALS	05-05	52529	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,882		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,80		
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79	0,0	69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	87:	2,2	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	0.			
2a			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
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	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-		37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v
	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	 (2015)
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Form **990** (2015)

532012 12-16-15

SCHEDULE A	Dubli	o Cha	rity Status or		slia Gu	unnart		OMB No. 1545-0047		
(Form 990 or 990-EZ)			rity Status ar					2015		
	Complete		nization is a section 50 47(a)(1) nonexempt ch			or a section		ZU IJ		
Department of the Treasury Internal Revenue Service			Attach to Form 990 or					Open to Public		
			Form 990 or 990-EZ) and	ons is at w						
Name of the organizati						Er		dentification number		
Part I Reason	CRUELTY 7		MALS All organizations must c	omploto th	ia nart \ Ca		05	5-0552529		
						e instructions.				
The organization is not a 1 A church, cor	•	•	e ,		,	() (A) (i)				
			on of churches describe Attach Schedule E (For			(A)(I)-				
	•		anization described in			i)				
		0	njunction with a hospita). Enter ti	ne hospital's name.		
city, and state	•						,	ie neepna e name,		
	-	nefit of a co	llege or university owne	d or operat	ed by a go	vernmental unit	described	l in		
	b)(1)(A)(iv). (Complete									
			nental unit described in	section 17	70(b)(1)(A)((v).				
7 🗌 An organizati	on that normally receive	es a substa	ntial part of its support	from a gove	ernmental u	unit or from the g	general pu	ublic described in		
section 170(b)(1)(A)(vi). (Complete	Part II.)								
	trust described in sec	tion 170(b)	(1)(A)(vi). (Complete Pa	rt II.)						
9 🛛 An organizati	on that normally receive	es: (1) more	than 33 1/3% of its sup	port from c	contributior	ns, membership	fees, and	gross receipts from		
activities rela	ted to its exempt functi	ons - subje	ct to certain exceptions	and (2) no	more than	1 33 1/3% of its s	upport fro	om gross investment		
			(less section 511 tax) fr	om busines	sses acquir	red by the organi	ization aft	er June 30, 1975.		
	509(a)(2). (Complete Pa	-								
	-		vely to test for public sa	•						
-	-		ively for the benefit of, t					-		
			d in section 509(a)(1) f supporting organizatio							
	-	• •	upervised, or controlled		-		-	vina		
			gularly appoint or elect	• • • •	-			•		
	n. You must complete							p = g		
	-		or controlled in connect	tion with it:	s supporte	d organization(s)	, by havir	ng		
		-	anization vested in the s					-		
organizatio	n(s). You must comple	ete Part IV,	Sections A and C.							
c 🗌 Type III fur	ctionally integrated.	A supportin	g organization operated	in connect	tion with, a	and functionally in	ntegrated	with,		
its supporte	ed organization(s) (see i	instructions). You must complete	Part IV, Se	ections A, I	D, and E.				
d 🔄 Type III no	n-functionally integrat	ted. A supp	porting organization ope	rated in co	nnection w	vith its supported	l organiza	tion(s)		
that is not f	unctionally integrated.	The organiz	ation generally must sa	tisfy a distr	ibution req	uirement and an	attentive	ness		
·	· ,		nplete Part IV, Section							
	•		written determination fro			Type I, Type II, T	ype III			
			nally integrated support	ing organiz	ation.					
	of supported organizati									
(i) Name of supp	ng information about the orted	ne supporte) EIN	d organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of mo	onetary	(vi) Amount of		
organization		•	(described on lines 1-9		in your document?	support (se		other support (see		
			above (see instructions))	Yes	No	instructions	5)	instructions)		
Total										
Total LHA For Paperwork Re	duction Act Nation of	e the last	uctions for			l Schodul	ο Δ (Eoro	n 990 or 990-EZ) 2015		
Form 990 or 990-EZ.						Schedul		1 330 01 330-EZJ 2013		

Schedule A (Form 990 or 990 EZ) 2015 CRUELTY TO ANIMALS

05-0552529	Page 2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Galedar year (of fixed year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gitts, grants, contributions, and there paid to or expended on its behalt (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 3 The value of services or facilities (c) 2014 (c) 2015 (f) Total 3 The value of services or facilities (c) 2014 (c) 2015 (f) Total 5 The portion of total contributions by sach person (other than a governmental unit to the organization without charge (c) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 6 Public support, search test tows to a (c) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 (c) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 8 Gross income from interest, dividends, payments received on securities loads in the adveced 28% of the grant securest and the grant securest	Sec	ction A. Public Support						
membership fees received. (Bo not include any 'unusual grants.') image: second sec	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Include any "unusual grants.") 2 It revenues levied for the organization in the paid to or expended on its behalf	1	Gifts, grants, contributions, and						
2 Tar evenues levid for the organization is behalf 3 The value of services or facilities turnised by a governmental unit to governmental unit or publicly supported organization Section B. Total Support Cleardary are (of fisal year beginning in) (d) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 (d) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 (d) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 (d) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 17 Amounts from line 4 (d) 2011 (b) 2012 (c) 2013		membership fees received. (Do not						
tractor's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The patho of total contributions by each person (other than a governmental unit to public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support 1 contractives tron line 4 6 Public support to final support Calendar year (of fisel year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendar year (of fisel year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendar year (of fisel year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendar year (of fisel year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendar year (of fisel year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendar year (of fisel year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total (d) idends, payments received on securities business activities, whether or not the business is regularly carried on business is regularly carried on (b) 2012 (c) 2013 (d) 2014 (d) 201		include any "unusual grants.")						
are expended on its behalf 3 The value of services or facilities thurnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Suptract line 3 trong into 1 7 Amounts from line 4 8 Gross income from initrees, dividends, payments received on securities loans, rents, royalties and income from initrees, dividends, payments received on securities loans, rents, royalties and income from initrees, dividends, payments received on securities loans, rents, royalties and income from initrees, dividends, payments received on securities loans, rents, royalties and income from initrees, dividends, so and stop here. 9 Not in come from initrees, etc. (see instructions) 12 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is or the organization's first, second, third, fourth, or fifth tax year as a section 501(c(S) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support parcentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 16 33 173% support tax - 2015. If the organization did not check the box on line 13, and line 14 is 33 173% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 0% -facts-and-circumstances' text. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-dircumstances" text, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-dircumstances" text, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-dircumstances" text, check this box and stop here. The organization qua	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to public) supported organization) included on line 1 that exceeds 2% of the amount shown on line 1 11, column (f) 6 Public support. Salvad lines 5 tom line 4 6 Public support. Salvad lines 5 tom line 4 9 Notice 1 (f)		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge Image: Construction of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 250 the amount shown on line 11, column (f) Image: Construction of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 250 the amount shown on line 11, column (f) 6 Public support: Demantine 5tom line 4. Image: Construction of total constructions of the constructions of total constructions of the construction of total constructions of the constructions of the constructions of the constructions of the construction of total constructions of the consthe cons nine 13, and line 14 is 31 f3% or more, chec		or expended on its behalf						
the organization without charge	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support: Substatines tron line 4. Image: Column (f) 2 Column (f) Image: Column (f) Image: Column (f) 3 Costs in B. Total Support Image: Column (f) Image: Column (f) 4 Column (f) Image: Column (f) Image: Column (f) Image: Column (f) 4 Column (f) Image: Column (f) Image: Column (f) Image: Column (f) 5 Public support: Substatines tron line 4. Image: Column (f) Image: Column (f) Image: Column (f) 5 A mounts from line 4 Image: Column (f) Image: Column (f) Image: Column (f) Image: Column (f) 6 Costs income from interest, dividends, payments received on securities instation (f) Image: Column (f) Image: Co		the organization without charge						
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)	4	Total. Add lines 1 through 3						
governmental unit or publicly supported organization included on line 11 that exceeds 2% of the amount shown on line 11, column (f) Image: Solution of Solution Column (f) 6 Public support. Subtract line 3 tom line 4. Image: Solution Column (f) 2 Anounts from line 4. Image: Solution Column (f) Image: Solution Column (f) 6 Public support. Subtract line 3 tom line 4. Image: Solution Column (f) 7 Amounts from line 4. Image: Solution Column (f) Image: Solution Column (f) 8 Gross income from interest, dividends, payments received on securites loans, rents, royalies and income from similar sources. Image: Solution Column (f) 9 Net income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). Image: Solution (f) 11 Total support. Add lines 7 through 10 Image: Solution (f) Image: Solution (f) 2 Gross receipts from related activities, etc. (see instructions) Image: Solution (f) Image: Solution (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Solution (f) Image: Solution (f) 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Image: Solution (f) 14 Public support percentage for 2015 (line 6, column (f) divided by li	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) image: i		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Balavate line 5 from line 4. Section B. Total Support Calendar year (or fisel) year beginning in) > 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . 9 Net income from similar sources . 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 10 Other income. Do not include gain or loss from tested to so and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2015 (line 6, column (f) divided by line 11, column (f)). 14 15 Public support percentage from 2015 (line 6, column (f) divided by line 11, column (f)). 15 14 Public support percentage from 2015 (line 6, column (f) divided by line 11, column (f)). 15 58 16 Asset test-and-circumstances test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization did not check to box on line 13, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The orga		governmental unit or publicly						
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Schedule A (Form 990 or 990-EZ) 2015	18	Private toundation. If the organizatio	n dia not check a	box on line 13, 16	a, 160, 17a, or 17			

Schedule A (Form 990 or 990 EZ) 2015 CRUELTY TO ANIMALS Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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 (b) 2012 Calendar year (or fiscal year beginning in) (c) 2013 (d) 2014 (a) 2011 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4633746.16182129. 1893765 2708597. 3383018. 3563003. 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 1578107. 1606929. 1943083. 1727183. 7837798. 982,496. 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 6360929.24019927. 2876261 4286704. 4989947. 5506086. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 145,184. 607,919. 915,000. 675,000. 301,000. 2644103. 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 301,000. 145,184. 607,919. 915,000. 675,000. 2644103 21375824 Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2012 (d) 2014 Calendar year (or fiscal year beginning in) 🕨 (a) 2011 (c) 2013 (e) 2015 (f) Total 9 Amounts from line 6 5506086. 6360929.24019927. 2876261 4286704. 4989947. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 3,690. 296. 107. 269. 3,119. 7,481. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3.119. 3,690. 296. 107. 269. 7,481. 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 1299942. 21,290. 20,749. 182,072. 554,842. 520,989. assets (Explain in Part VI.) 2900670. 4311143. 5172315. 6061035. 6882187.25327350. 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 84.40 % Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f) 15 15 77.07 Public support percentage from 2014 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .03 17 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f) % .09 18 18 Investment income percentage from 2014 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2015. 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 - 2014. 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) 2015 532023 09-23-15 15

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Schedule A (Form 990 or 990-EZ) 2015 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

			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	-		
<u>Sec</u>	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	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	untinna)		
2	Activities Test. Answer (a) and (b) below.	uctions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990 or 990-EZ) 2015

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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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv-integrated		nization (see

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) 2015

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	dule A (Form 990 or 990-EZ) 2015 CRUELTY TO AN:	IMALS	al a stand	5-0552529 Page 7
		a)(3) Supporting Orga	nizations (continued)	Current Year
<u>Sect</u>	ion D - Distributions Amounts paid to supported organizations to accomplish exer	matauraasas		Current Year
2	Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	a purposes of supported		
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations		
4	Amounts paid to acquire exempt-use assets	s of supported organizations		
_ 4 5	Qualified set-aside amounts (prior IRS approval required)			
6				
	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			
7		o organization is responsive		
8	Distributions to attentive supported organizations to which the	le organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(;)	(::)	/:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
2	(reasonable cause required-see instructions)			
2				
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u>b</u>				
<u> </u>	From 0010			
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount			
<u> i</u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			Earm 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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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.
SALES OF INVENTO	DRY
2013 AMOUNT: \$	160,328.
2014 AMOUNT: \$	276,049.
2015 AMOUNT: \$	276,768.
OTHER OPERATING	REVENUE
2011 AMOUNT: \$	21,290.
2012 AMOUNT: \$	368.
2013 AMOUNT: \$	1,415.
2014 AMOUNT: \$	1,779.
2015 AMOUNT: \$	9,420.

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

2015

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

Payer's Name	2011 Amount	2012 Amount	2013 Amount	2014 Amount	2015 Amount
BOARD MEMBERS	10,000.	0.	0.	0.	0.
CHARLES & JENNIFER					
LAUE	105,000.	57,184.	0.	535,000.	0.
THE QUINN FOUNDATION	186,000.	88,000.	607,919.	380,000.	675,000.
Total to Schedule A, Part III, Line 7a	301,000.	145,184.	607,919.	915,000.	675,000.

Schedule B (Form 990 990-F7 or 990-PF)

Department of the Treasury Internal Revenue Service

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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.jrs.gov/form990 .

OMB No 1545-0047

Employer identification number

05-0552529

е	of the	organization
		GREAT

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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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2015)			Page 2
	ganization PLAINS SPCA		Employ	er identification number
	TY TO ANIMALS		05	-0552529
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	l space is needed.	•	
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
1		\$675,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$104,7	<u>62.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
<u>3</u>		\$150,0	00.	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
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
523452 10-26		\$	B (Form 0	Person Payroll Payroll Poncash Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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	B (Form 990, 990-EZ, or 990-PF) (2015)		Page
Name of or	ganization PLAINS SPCA		Employer identification number
	TY TO ANIMALS		05-0552529
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (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	
		 \$	
523453 10-26		Schedule	B (Form 990, 990-EZ, or 990-PF) (2015)

	(Form 990, 990-EZ, or 990-PF) (2015)		Pag
Name of orga			Employer identification number
	PLAINS SPCA		
CRUELTY Part III	Y TO ANIMALS Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	e columns (a) through (e) and the follo	05-0552529 d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if addition	nal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of git	ift
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 		(e) Transfer of git	
	Transferee's name, address,		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
-			
		(e) Transfer of gi	ift
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
523454 10-26-15	5		Schedule B (Form 990, 990-EZ, or 990-PF) (20
		0.5	

			al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the org Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZU 15
	ment of the Treasury I Revenue Service		Attach to Form 990. m 990) and its instructions is at <u>www.irs.gc</u>		Open to Public Inspection
	e of the organizatio				r identification number
	-	CRUELTY TO ANIMALS			5-0552529
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accounts.	Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin		<u> </u>	
			(a) Donor advised funds	(b) Funds an	d other accounts
1		d of year			
2		contributions to (during year)			
3 4		grants from (during year)			
4 5		end of year	L I I I I I I I I I I I I I I I I I I I	inds	
U	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
	0		r donor advisor, or for any other purpose conf	2	
	impermissible priva	ate benefit?	·····	-	Yes No
Par	t II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (e.g., recreation or e	education)	ally important la	and area
		natural habitat	Preservation of a certified	I historic struct	ure
		of open space			
2	•	• •	fied conservation contribution in the form of a		
-	day of the tax year.				at the End of the Tax Year
a 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	g the tax
	year 🕨				
4		where property subject to conservation eas			
5		ion have a written policy regarding the per			
		prcement of the conservation easements it			
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements	s during the year
7			lling of violations, and onforcing concernation	accomente dur	ing the year
7	► \$	es incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation	easements dur	ing 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 organizat	tion's financial statements that describes the o	organization's a	ccounting for
	conservation easer				
Par		-	Art, Historical Treasures, or Other	Similar As	sets.
	•	the organization answered "Yes" on Form			
1 a	-		SC 958), not to report in its revenue statement		
			hibition, education, or research in furtherance	of public servic	e, provide, in Part XIII,
h		note to its financial statements that descri		balanaa ahaat	works of ort bistorical
b	-		SC 958), to report in its revenue statement and ducation, or research in furtherance of public s		
	relating to these ite				
	-			▶ \$	
2	.,		asures, or other similar assets for financial gai		
		ints required to be reported under SFAS 1			
а	Revenue included	on Form 990, Part VIII, line 1	······	🕨 💲 _	
	Assets included in	Form 990, Part X		N A	
LHA 532051		eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2015
11-02-			26		

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Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar A	Assets	continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the f	ollowing that	t are a sig	nificant use	e of its c	ollection ite	ems
	(check all that apply):									
а	Public exhibition	c	1 🗌 I	Loan or excl	hange progra	ams				
b	Scholarly research	e	,	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	e organizatio	on's exen	npt purpose	in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, hi	storical treas	sures, or othe	er similar	assets		_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered '	"Yes" on	Form 990, F	Part IV,	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•						-	
	on Form 990, Part X?							L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								7	
	Did the organization include an amount on F						ty?	L	Yes	
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete		iswered	"Yes" on Fo						
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three yea	irs back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	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	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held an	d administer	red for th	e organizatio	on		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990), Part X,	line 10.			
	Description of property	(a) Cost or c basis (investr		(b) Cost basis	or other (other)		ccumulated		(d) Book v	alue
1a	Land				3,043.				3	,043.
b	Buildings			34	2,072.	2	210,312	2.		,760.
	Leasehold improvements									
	Equipment			63	2,557.	2	278,476	5.	354	,081.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (B) line 1()c)				488	,884.

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015

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.

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

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

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

Schedule	D	(Form	990)	2015

532053 09-21-15

	GREAT PLAINS SPCA					
Sche	dule D (Form 990) 2015 CRUELTY TO ANIMALS			05-0	0552529	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts 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	7,669	,343.
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	343,785.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	443,372.			
е	Add lines 2a through 2d			2e	787	<u>,157.</u>
3	Subtract line 2e from line 1			3	6,882	<u>,186.</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	6,882	,186.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	7,587	<u>,203.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	343,785.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	443,372.			
е	Add lines 2a through 2d			2e	787	,157.
3	Subtract line 2e from line 1			3	6,800	,046.
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	6,800	,046.
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	187,069.
COST OF GOODS SOLD	256,303.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	443,372.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS & RELATED EXPENSES	187,069.
COST OF GOODS SOLD	256,303.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	443,372.

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532054 09-21-15

Schedule D (Form 990) 2015

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	GREAT PLAINS SPCA
Schedule D (Form 990) 2015	CRUELTY TO ANIMALS
Part XIII Supplemental Info	prmation (continued)

532055 09-21-15	Schedule D (Form 990) 2015

SCHEDULE G	ental Information Regarding	Fund	Iraici	ng or Gaming A	ctiv		OMB No. 1545-0047
(Form 990 or 990-F7)	e organization answered "Yes" on F						2015
Department of the Treasury	organization entered more than \$15 Attach to Form 990						Open to Public
Internal Revenue Service Information	about Schedule G (Form 990 or 990-EZ)				<u>aov/fc</u>		Inspection
	LAINS SPCA			-			dentification number
	TO ANIMALS Complete if the organization answe	red "Y	es" or	Form 990 Part IV I	ine 17	05 - 055	
Part I Fundraising Activities required to complete this part	t.		63 01	11 0hill 330, 1 art 10, 1		7. T OITT 330-	
1 Indicate whether the organization rai							
a Mail solicitations b Internet and email solicitation				overnment grants nment grants			
c Phone solicitations	g Special						
d In-person solicitations			-				
2 a Did the organization have a written					tees		
key employees listed in Form 990, Fb If "Yes," list the ten highest paid ind	Part VII) or entity in connection with pr lividuals or entities (fundraisers) pursu			÷	ho fu		es No
compensated at least \$5,000 by the			agree				
		(iii)	Did		(v)	Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	tò (c	or retained by	(v) to (or retained by)
or entity (fundraiser)		or con contribu		from activity		ted in col. (i)	organization
		Yes	No	-			
Total 3 List all states in which the organization	on is registered or licensed to solicit c	ontrib		or has been notified	l it is d	evernet from	registration
or licensing.			utions	or has been notified	11 13 0	exempt nom	
LHA For Paperwork Reduction Act Not				_	_		
•	tice, see the Instructions for Form 9	90 or	990-E	Z. 8	Schee	dule G (Forn	n 990 or 990-EZ) 2015

Schedule G (Form 990 or 990 EZ) 2015 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.

		or 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
a			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	301,205.	61,840.	176,700.	539,745.
	2	Less: Contributions	51,366.	32,706.	33,803.	117,875.
	3	Gross income (line 1 minus line 2)	249,839.	29,134.	142,897.	421,870.
	4	Cash prizes				
6	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	104,557.	14,552.	67,960.	187,069.
	10	Direct expense summary. Add lines 4 through	0 in a burner (al)		▶	187,069.
		Net income summary. Subtract line 10 from li				234,801.
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)

nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	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		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No
		No," explain:				
10-		are any of the organization's gaming licenses to	valead augaandad ar ta	rminated during the tax w	00r ⁰	Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_					

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

	GREAT PLAINS SPCA				
Scheo	lule G (Form 990 or 990-EZ) 2015 CRUELTY TO ANIMALS	05-0	552	529	Page 3
11	Does the organization conduct gaming activities with nonmembers?		· ·	Yes	No
12 I	s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
t	o administer charitable gaming?		· ·	Yes	No No
13 li	ndicate the percentage of gaming activity conducted in:				
a⊺	he organization's facility		13a		%
	n outside facility		13b		%
1 4 E	inter the name and address of the person who prepares the organization's gaming/special events books and records	3:			
	lame ▶				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	No
b li c	"Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amount of gaming revenue received by the organization \triangleright \$ and the amount of gaming revenue retained by the third party \triangleright \$			103	
٢					
A	Address				
16 (Gaming manager information:				
٢					
C	Caming manager compensation 🕨 \$				
C	Description of services provided				
	Director/officer Employee Independent contractor				
a Is r b E	Andatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ▶ \$	the	,	Yes	No No
Part		art III, lin	es 9, 9	b, 10	o, 15b,
532083	09-14-15 Schedule 0	G (Form	990 o	r 990	-EZ) 2015

		GREAT PLAINS SPCA	r
	(Form 990 or 990-EZ)	CRUELTY TO ANIMAL	s۲
Part IV	Supplemental Inf	ormation (continued)	

 Schedule G (Form 990 or 990-EZ)
Schedule & (Form 350 01 350-EZ)

	HEDULE M		Noncash Contributions					OMB No. 1545-0047			
(Fo	orm 990)								2015		
		Complete if the orga	anizations a	answered "Yes" o	n Form 990, Part IV, lines :	29 or 3	30.	20	IJ		
	ment of the Treasury	Attach to Form 990.	,					Open To		ic	
	I Revenue Service			(Form 990) and its	s instructions is at WWW.jr	s.gov/		Inspe			
Name	e of the organization	GREAT PLAINS						identificati		nber	
		CRUELTY TO A	NIMALS				0.	5-0552	529		
Par	rt I Types of I	Property									
			(a) Check if	(b) Number of	(c) Noncash contribution		Method	(d) of determin	ina		
			applicable	contributions or	amounts reported on		noncash co			5	
				items contributed	Form 990, Part VIII, line 1g						
1											
2		ures									
3		ests									
4		ons									
5		hold goods									
6		cles									
7											
8											
9		traded				_					
10		held stock									
11	Securities - Partners										
12	Securities - Miscella										
13	Qualified conservati	on contribution -									
14		on contribution - Other									
15		ntial									
16		ercial									
17											
18											
19											
20		supplies									
21											
22											
23		s									
24			x	1,713	79,634.	רגים		7.00 177	י דד ד		
25	· · —	T FOOD AND		<u> </u>	/9,034.	FA1		LEI VA.			
26	Other ► ()									
27	Other ()									
<u>28</u>	Other ())	l	l the tex year for a	antributiona						
29		283 received by the organiz	-								
	for which the organi	zation completed Form 828	55, Fait IV, I		29				Yes	No	
302	During the year did	the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throu	ah 28	that it		163		
004		st three years from the date				•					
		or the entire holding period?						30a		Х	
h		e arrangement in Part II.									
31	•	on have a gift acceptance p	olicy that re	equires the review of	of any non-standard contrib	utions	?	31		х	
		on hire or use third parties of									
524	•			•	· · ·			32a		х	
b	If "Yes," describe in										
33		id not report an amount in o	column (c) f	or a type of proper	ty for which column (a) is ch	necked	I,				
	describe in Part II.		(-)	,	,		,				
LHA		eduction Act Notice, see	the Instruct	tions for Form 990).		Schedu	le M (Form	990) (:	2015)	
-		· · · · · · · · · · · · · · · · · · ·						•	., (

Schedule M	l (Form 990) (2015)	CRUELTY	TO ANIMALS			05-0552529	Page 2
Part II	Supplemental is reporting in Part this part for any add	Information , column (b), th ditional informat	Provide the information e number of contributions ion.	required by Part I, lines 30 , the number of items rece	b, 32b, and 33, a ived, or a combin	nd whether the organizat lation of both. Also comp	ion llete
532142 08-21-	15					Schedule M (Form 9	90) (2015)
				36			,

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.irs.gov/form990</u>



Name of the organization GREAT PLAINS SPCA CRUELTY TO ANIMALS

<u>05-0552</u>529

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

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

NEUTER, RELEASE SERVICES AND BEHAVIOR TRAINING.

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

THE 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 \$ 101,045. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,908.

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

CHARLES LAUE, THE CHAIRMAN OF THE BOARD, HAS A FAMILY RELATIONSHIP WITH

JENNIFER LAUE, MEMBER OF THE BOARD.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

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Schedule O	(Form 990 or 990-EZ) (2015)	
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Name of the organization GREAT PLAINS SPCA CRUELTY TO ANIMALS Page 2 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.

LINE XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

532212 09-02-15