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CHANGE IN ACCOUNTING PERIOD - EXTENDED DUE DATE 5/15/17 Short Form OMB No 1545-1150 Form 990-EZ **Return of Organization Exempt From Income Tax** 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Information about Form 990-EZ and its instructions is at www.lrs.gov/form990. Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning and ending JAN 2016 30, 2016 Check if applicable C Name of organization D Employer identification number PLANNED PARENTHOOD ADVOCATES OF Address change KANSAS AND MID-MISSOURI 43-1621500 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return/ terminated 4401 WEST 109TH STREET 200 (913)312-5100 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return OVERLAND PARK, KS 66211 Application pending Number > Cash X Accrual H Check If the organization is G Accounting Method: Other (specify) Website: > WWW.PPGPVOTES.ORG not required to attach Schedule B Tax-exempt status (check only one) - 501(c)(3) \times 501(c) (4) **◄**(insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). X Corporation Trust K Form of organization: Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 161,709. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 160,753. Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 2 3 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 1.800 of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 956 gross income and contributions exceeds \$15,000) 6b 956. 6c Less: direct expenses from gaming and fundraising events 0. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 160,753. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 11 11 98,679. 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 20,000. 13 13 14 14 1,586. Printing, publications, postage, and shipping 15 15 7,554. SCHEDULE O SEE 16 16 Other expenses (describe in Schedule O) 127,819. 17 Total expenses. Add lines 10 through 16 32,934. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 58,189. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule O)

ail

Form 990-EZ (2016)

21

Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Förm 990-EZ (2016)

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Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II \mathbf{X} (A) Beginning of year (B) End of year 49,958. 22 Cash, savings, and investments 57,778. 22 23 Land and buildings 23 ,713. 411 24 Other assets (describe in Schedule O) SEE SCHEDULE O 24 91,671. Total assets 58,189.25 Total liabilities (describe in Schedule O) SEE SCHEDULE O 0. 26 548. 58.189. 27 91,123. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III | Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III X 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations; optional for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses manner, describe the services provided, the number of persons benefited, and other relevant information for each program title TO PROMOTE SOCIAL WELFARE AND ADVOCATE PUBLIC POLICIES RELATED TO REPRODUCTIVE CARE (Grants \$) If this amount includes foreign grants, check here 28a 128,775. 29 (Grants \$) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here (Grants \$ 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here Total program service expenses (add lines 28a through 31a) ▶ 32 128, Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, contributions to employee benefit (b) Average hours (e) Estimated (C) Reportable mpensation (Form W-2/1099-MISC) per week devoted to amount of other (a) Name and title plans, and deferred compensation position (if not paid, enter -0-) MIKE ANDERSON 1.00 0 0. 0. BOARD OF DIRECTOR ROMINA BARRAL, MD 0. 1.00 0 0. BOARD OF DIRECTOR BEVERLY BASS 0. 0 1.00 0. BOARD OF DIRECTOR CHASE BILLINGHAM 1.00 0 0 0. BOARD OF DIRECTOR JORDAN CARTER 1.00 0. 0. 0. BOARD OF DIRECTOR MARY EDWARDS 0. 1.00 0. 0 . BOARD OF DIRECTOR SANDY GEDULDIG 0 0. 1.00 0. BOARD OF DIRECTOR GLENDA GOODMAN 0. 1.00 0 0. BOARD OF DIRECTOR TERRIE HUNTINGTON 1.00 0. 0. 0. BOARD OF DIRECTOR ANN ISENBERG 0. 0. 0. 1.00 BOARD OF DIRECTOR JACKIE JOHNSON 0. 0. 1.00 0. BOARD OF DIRECTOR JAY MCKELL 0 1.00 BOARD OF DIRECTOR

PLANNED PARENTHOOD ADVOCATES OF

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V () Check if the organization used Sch. Ot or respond to any question in this Part V 1 1 1 1 1 1 1 1 1		990-EZ (2016) KANSAS AND MID-MISSOURI 43-162:	1500	L -	Page 3
33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes., "provide a detailed description of each schrivy in Schedule 0 34 Were any significant changes made to the organization and organization in Section 19 (19 1) and 1	Pa	instructions for Part M Check if the organization used Sch. O to respond to any question in the	its (N 1	ne + V	
33 Did the organization engage in any significant activity not previously reported to the IRSP 11'est, provide a detailed description of each activity in Schedule () see instructions () 33		inditablions for hart vy officer if the organization ased Sch. O to respond to any question in the	iis rai		
sackeys in Schedule 0 Were an synginificant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change in the organization rame. Otherwise, explain the change on Schedule 0 (see instructions). 8 bit fifter to final they reflect a change in the organization rame. Otherwise, explain the change on Schedule 0 (see instructions). 8 bit 1/1/45* to final a change others? 8 bit 1/1/45* to final ship, and a change others? 8 bit 1/1/45* to final ship, and a change of the complete of the change on Schedule 0 (see instructions). 9 bit 1/1/45* to final ship, and a change of the change of the change on Schedule 0 (see instructions). 9 bit 1/1/45* to final ship, and a change of the change of	00	Did the experience are second from the second secon		Yes	NO
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36 Duff the organization have unrished uberiese prison amone of \$1,000 or more during the year from business achieves (such as those reported on lines 2, 6a, and 7a, among others)? 5 If Yes'r to fine 35a, has the organization field a Form 990-T for the year? If Yeb, provide an explanation in Schedule 0. 5 If Yes'r to fine 35a, has the organization field a Form 990-T for the year? If Yeb, provide an explanation in Schedule 0. 5 If Yes'r to fine 95a, has the organization field a Form 990-T for the year? If Yeb, provide an explanation in Schedule 0. 5 If Yes'r to fine 95a, has the organization field a Form 990-T for the year? If Yeb, provide an explanation in Schedule 1. 5 If Did the organization activity of Yeb, year 95a, the year of Yeb, year 95a, the year 95a, and year		•	33		X
35 a Ut the organization have unrelated business gross mome of \$1,000 or more during the year from business advitutes (such as those reported on intex 2.6, and 7.8, money offereity?) 5. If (Yes't to line 35., has the organization filed a form 990-1 for the year? If Yeo, provide an explanation in Schedule 0. 5. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subplict to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete splicially provided in the complete split of Schedule (), Fart III offer amount of political expenditures, direct or indirect, as described in the organization of political expenditures, direct or indirect, as described in the organization of the organization for five the expenditures, direct or indirect, as described in the organization of the organization for five the expenditures, direct or indirect, as described in the organization of the organization for five the expenditures, direct or indirect, as described in the organization of the organization for the organization of the organization for the organization of	34		1		,,
on lines 2, Sq. and 7a, among others)? b If 1/42's to line 35, has the organization field a Form 990-I' for the year? If 1/40, provide an explanation in Schedule 0 b If 1/42's to line 35, has the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6)) organization subject to section \$033(e) notice, reporting, and proxy tax requirements during the year? If 1/42's complete Schedule 0, Part III 73 b Olf the organization undergo a isundation, dissolution, termination, or significant disposition of net assets during the year? If 1/42's described in the instructions 73 a Entire amount of solucial expenditures, direct or indirect, as described in the instructions 74 b If the organization form 102-PoL for this year? 75 b If the organization form of more, or make any lonas to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 10 If 1/42 is 1/42 i	05.		34		_ <u>A</u> _
b M Yest for line 35s, has the organization field a Form 990-T for the year? If "No, provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(4), or 501(c)(5) or 501(c)(6) or 501(c)(6) 73 b Old the organization or defends a foundation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule (C, Part III of the organization of provided in the provided in the section of the organization of provided in the provided in the section of the organization of section 1910 Policy of the year? If "Yes," and the organization file Form 1910 PLAN (Part III and enter the total amount involved in a prior year and still outstanding at the end of the tax year covered by this return? In this time sea and capital contributions included on line 9 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year of the different seasons of the provided on line 9 (c)(3), 501(c)(4), and 501(c)(2)) organizations. Enter amount of tax imposed on the organization during the year, or did it engage an an excess sheetist transaction during the year, or did it engage an an excess sheetist transaction during the year, or did it engage an an excess sheetist transaction during the year, or did it engage an an excess sheetist transaction organization sheeting and transaction? (1)(3), 501(c)(4), and 501(c)(2)) organizations. Both or organization engage in any section 4958 decises sheetist transaction? (1)(3), 501(c)(4), and 501(c)(2)) organizations. Enter amount of tax imposed on a prior year that has not been reported on any of its prior forms 900 or 908-122 (1**). Socion 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on a prior year that has not been reported on any of this organization. All organizations are of the plan shallow of the return shall be a shallow organization shallows with which also organization shallows are in care of \$\begin{array}{c} \text{ N/A} \text{ Socion 501(c)(3)}, 501(c)	35 8	· · · · · · · · · · · · · · · · · · ·			٠,
c Was the organization is section 50 I(c)(4), 50 I(c)(5), or 50 I(c)(6), 50 ration subject to section 5033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule (c, Part II and the responsible parts of Schedule in Normal Schedule (c) and the organization and organ alleguidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule In Normal Schedul				37 /	
The provision of the property			350	N/	A
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization his Porm t 120-Pol. for the year? 38 In hit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still oilstanding at the end of the tax year covered by this return? 38 In 1976; Complets Schedule, I part II and neither the total amount movived 38 In 1976; Complets Schedule, I part II and neither the total amount movived 39 Section 501(c)(7) organizations. Enter: 39 In 1976; Complets Schedule, I part II and neither the total amount movived 39 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization during the year of the section 4911 ► N/A is section 4915 ► N/A 39 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did rengage in an excess benefit transaction during the year of did rengage in an excess benefit transaction during the year of did rengage in and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did rengage in and 501(c)(2) organizations. On the organization engage in any section 4958 excess benefit transaction organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on time 40c rembursed by the organizations. Any time during the calendary year, did the organization with a properties of the organization shocks are care or or PLANNED PARENTYHOOD OF KANSAS Telephone no. (913) 312–5100 40 Located at ▶ 4401 WEST 109TH STREET, SUITE 200, OVERLAND PARK, ZIP+4 ▶ 66211 41 List the states	30		00		- T
b Did the organization the Form 1120-PCL for this year? 38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, complete Schedule I., Part I and enter the total amount involved 38 Section 501(c)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A 59a N/A 59a Section 501(c)(3) organizations. Enter amount of 12 x imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of 12 x imposed on the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization during the year under: transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 902-72 If 11/es, complete Schedule I., Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization magnetic or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization magnetic or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the section of the organization of the organi	07.				
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b Gross recepts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Friter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4955 ► N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes; complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed ► NONE 12 The organization's books are in care of ► PILANNED PARENTHOOD OF KANSAS Telephone no. ► (913)312-5100 Located at ► 4401 WEST 109TH STREET, SUITE 200, OVERLAND PARK, ZIP+4 ► 66211 b At any time during the calendar year, did the organization was unifered time of the authority over a financial account in a foreign country: ► See the instructions for exceptions and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 1 Yes, enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 1 Yes in the date the foreign country: ► Section 4947(a)(1) nonexemp			ļ		İ
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A; section 4915 ► N/A Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1 40b	a		4		1
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At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d				İ	
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b			45a		╁┻
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		512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		00.55	1001

Page 3

PLANNED PARENTHOOD ADVOCATES OF KANSAS AND MID-MISSOURT

Form 990-EZ (2	016) KANSAS AND MID-MISSOURI				43-1621	<u>500</u>		Page 4
								No
	ganization engage, directly or indirectly, in political campaign activiti	es on behalf of or in	opposition to cand	idates for pu	iblic office?			
	omplete Schedule C, Part I Section 501(c)(3) organizations only					46	<u>X</u>	
	All section 501(c)(3) organizations must answer questions 47	49b and 52, and	complete the tal	oles for line	s 50 and 51			
	Check if the organization used Schedule O to respond to any							
							Yes	No
	ganization engage in lobbying activities or have a section 501(h) elec	_	-	es," complete	Sch. C, Part II	47		
	anization a school as described in section 170(b)(1)(A)(ii)? If "Yes," (48		
	ganization make any transfers to an exempt non-charitable related or as the related organization a section 527 organization?	rganization?				49a 49b		
	this table for the organization's five highest compensated employees	s (other than officers	. directors, trustee	s. and kev e	mnlovees) who		ceived	more
	,000 of compensation from the organization. If there is none, enter		,	-,, ·			•	
	(a) Name and title of each employee	(b) Average h		Reportable	(d) Health benefit	s, (e) Estim	ated
		per week devo		sation (Forms 099-MISC)	contributions to employee benefi plans, and deferre		ount of	
	N/A	position			compensation	0 00	mpens	allon
		-						
		 						
	 	1						
		 				1		
]						
		_	ļ					
		<u> </u>				-		
		4				-		
f Total num	ber of other employees paid over \$100,000				L			
	this table for the organization's five highest compensated independe	ent contractors who	each received mor	e than \$100.	000 of compens	ation f	rom th	е
	on. If there is none, enter "None." N/A				, 			
(a) N	ame and business address of each independent contractor		(b) Type of	service	(c)	Comp	ensatio	<u>n</u>
								
								
								
					}			
d Total nun	ber of other independent contractors each receiving over \$100,000							
	ganization complete Schedule A? Note: All section 501(c)(3) organization	zations must attach a	1					
	d Schedule A				▶[<u></u>	es 🗀	□ No
Under penalties	of perjury, I declare that I have examined this return, including acco	mpanying schedules	and statements,	and to the be	st of my knowle	dge ar	d belie	f, it is
true, correct, a	nd complete. Declaration of preparer (other than officer) is based on	all information of wh	ich preparer has a	ny knowledg	je			
Oi was	Signature of Officer				7 5/15/1	7 _		
Sign Here					,			
	LAURA MCQUADE, PRESIDENT/CEO Type or print name and title							
	Print/Type preparer's name Preparer's signature	1.	Date	Check	If PTIN			
Paid	Juli a.	Welch)	self- emplo	yed			
Preparer			05/12/17		P00			<u> </u>
Use Only		.C.			<u>1 ► 43-16</u>			
_	Firm's address > 2020 WEST 89TH STREET		300	Phone no	. (816)5	<u>61-</u>	140	<u>U</u>
May the IDS de	LEAWOOD, KS 66206-194 scuss this return with the preparer shown above? See instructions	± /				XY	es l	No
May the Ind OR	souss and return man the preparer shown above: See mondellons							(2016)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047
2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate	instructions), then				
 Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Name of organization	on PLANNED	PARENTHOOD ADVO	CATES OF		Employer identification number
	KANSAS		43-1621500		
Part I-A Co	mplete if the org	anization is exempt und	der section 501(c)	or is a section 5	527 organization.
1 Provide a des	cription of the organiz	ation's direct and indirect politi	cal campaign activities	ın Part IV.	
2 Political camp	aign activity expendit	ures	. ,		►\$ <u>10,670.</u>
3 Volunteer hou	rs for political campai	gn activities			454.
Part I-B Co	mplete if the ord	janization is exempt und	der section 501(c))(3).	
		incurred by the organization un			▶\$
		incurred by organization manag		 5	▶\$
	·	n 4955 tax, did it file Form 4720		• • •	Yes No
4a Was a correct		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		Yes No
b If "Yes," desci			•		
		anization is exempt un	der section 501(c)	, except section	501(c)(3).
1 Enter the amo	unt directly expended	by the filing organization for se	ection 527 exempt fund	ction activities	▶ \$ 10,670.
	• •	zation's funds contributed to o	-		-
exempt function			J .		▶ \$
•		s. Add lines 1 and 2. Enter here	and on Form 1120-POL		
line 17b					▶ \$ 10,670.
	rganization file Form	1120-POL for this year?			Yes X No
•	-	nployer identification number (E	IN) of all section 527 p	olitical organizations t	o which the filing organization
		ition listed, enter the amount pa			
	_	omptly and directly delivered to			
political action	n committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.	
(a)	Name	(b) Address	(c) EIN	(d) Amount paid	from (e) Amount of political
(-)		(3,		filing organization	on's contributions received and
				funds. If none, ent	ter -0 promptly and directly delivered to a separate
				ĺ	political organization.
			ļ		If none, enter -0
					1
				1	
					
		l		l l	

PLANNED PARENTHOOD ADVOCATES OF Schedule C (Form 990 or 990-EZ) 2016 KANSAS AND MID-MISSOURI 43-1621500 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500.000. Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) Total (or fiscal year beginning in)

d Grassroots nontaxable amount
e Grassroots ceiling amount
(150% of line 2d, column (e))

2a Lobbying nontaxable amountb Lobbying ceiling amount(150% of line 2a, column(e))

f Grassroots lobbying expenditures

PLANNED PARENTHOOD ADVOCATES OF

Schedule C (Form 990 or 990-EZ) 2016 KANSAS AND MID-MISSOURI 43-1621500 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?		•		
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?	_			
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
i Total. Add lines 1c through 1i				
Pa Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912			-	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or se	ection	
501(c)(6).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
I Viele Substatitiativ all (30/6 of thole) ques received hondeductible by members:				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c)	2 r? 3 (5), or se	ection t III-A, lir	ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)	2 3 (5), or se R (b) Par	ection t III-A, lir	ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the latt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	n 501(c) "No," Ol	2 r? 3 (5), or se	ection t III-A, lir	ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	n 501(c) "No," Ol	2 3 (5), or se R (b) Par	ection t III-A, lir	ne 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	n 501(c) "No," Ol	2 3 (5), or se R (b) Par	ection t III-A, lir	ne 3,
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	en 501(c) "No," Ol	2 3 (5), or se R (b) Par 1 2a 2b 2c	ection t III-A, lir	ne 3,
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SCHEDULE 0

632211 08-25-16

(Form 990 or 990-EZ)

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 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization PLANNED PARENTHOOD ADVOCATES OF

KANSAS AND MID-MISSOURI

Employer identification number 43-1621500

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	_					·
DESCRIPTION OF OTHER EXPENSES:				AMC	TRUC	:
TRAVEL & MEETING					4,	<u>171.</u>
MISCELLANEOUS	_					<u>527.</u>
FEES, DUES AND SUBSCRIPTIONS					2,	<u>856.</u>
TOTAL TO FORM 990-EZ, LINE 16					7,	<u>554.</u>
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:						
<u>DESCRIPTION</u> BE	G.	OF	YEAR	END	OF	YEAR
RELATED PARTY RECEIVABLES			411.		41,	<u>713.</u>
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	**					
DESCRIPTION BE	G.	OF	YEAR	END	OF	YEAR
ACCOUNTS PAYABLE			0.			<u>548.</u>
						
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO	PRO	OMO	re soc	IAL W	ELFA	RE
AND EDUCATION RELATED TO THE MISSION TO ENCOURAGE A	ND	PRO	OTECT	INFORI	MED_	
INDIVIDUAL DECISIONS REGARDING HEALTH CARE; ADVOCAT	E F	OR	PUBLI	С		
POLICIES WHICH GUARANTEE THE RIGHT, AS WELL AS FULL	AN	ID_			_	
NON-DISCRIMINATORY ACCESS, TO SUCH CARE; AND FOSTER	AN	ID I	PRESER	VE A		<u>.</u>
SOCIAL AND POLITICAL CLIMATE FAVORABLE TO THE EXERC	ISE	01	REPR	ODUCT:	IVE	
FREEDOM						
						
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL	BE	ENE	FIT CO	NTRAC'	rs:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE	ANY	F	JNDS,	DIREC'	rly,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEF! LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	<u>T</u> (TRACT.	rm 990 or	990-EZ	Z) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. PLANNED PARENTHOOD ADVOCATES OF

KANSAS AND MID-MISSOURI

Employer identification number 43-1621500

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OR	INDIRECTLY,	ON Z	A PERSON	AL BENEF	'IT CONTRA	CT.			
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Name of the organization

PLANNED PARENTHOOD ADVOCATES OF KANSAS AND MID-MISSOURI

Employer identification number 43-1621500

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, (b) Average hours (C) Reportable (e) Estimated contributions to employee benefit plans, and deferred compensation compensation (Forms W-2/1099-MISC) per week devoted to (a) Name and title amount of other position compensation (If not paid, enter -0-) CALLIE MERRITT-JONES BOARD OF DIRECTOR 1.00 0. 0. 0. SUSAN MOEDER BOARD OF DIRECTOR 1.00 0. 0. 0. CHUCK ROMERO BOARD OF DIRECTOR 0. 1.00 0. 0. MARJORIE SABLE BOARD OF DIRECTOR 1.00 0. 0. 0. MARK THORNHILL 0. BOARD OF DIRECTOR 1.00 0. 0. LAURA MCQUADE 0. 0. PRESIDENT/CEO 37.50 0. AARON SAMULCEK $\overline{\text{coo}}$ 37.50 0. 0. 0. PETER BROWNLIE FORMER CEO 0.00 0. 0. 0. SU LIM CFO 0. 37.50 0. 0. AMBER HODGSON BOARD OF DIRECTOR 1.00 0. 0. 0. MARTHA GERSHUN BOARD OF DIRECTOR 1.00 0. 0. 0.