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EXTENDED TO MAY 15, 2018

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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☒ Amended return
☐ Application pending

C Name of organization

PLANNED PARENTHOOD GREAT PLAINS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

4401 WEST 109TH STREET

Room/suite

200

City or town, state or province, country, and ZIP or foreign postal code

OVERLAND PARK, KS 66211

F Name and address of principal officer BRANDON HILL

SAME AS C ABOVE

D Employer identification number

44-0565390

E Telephone number

(913) 312-5100

G Gross receipts \$

10,581,574.

H(a) Is this a group return

for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.PPGREATPLAINS.ORG

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other

L Year of formation: 1935

M State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3

21

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

21

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5

127

6 Total number of volunteers (estimate if necessary)

6

745

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0.

b Net unrelated business taxable income from Form 990-T, line 34

7b

0.

Revenue

8 Contributions and gifts (Part VIII, line 1a)

Prior Year

Current Year

1,623,502.

6,822,161.

9 Program service revenue (Part VIII, line 1b)

953,838.

2,544,641.

10 Investment income (Part VIII, column (A), lines 14, 15, and 16)

283,901.

51,397.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

102,137.

57,658.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

2,963,278.

10,425,857.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

699,255.

400,000.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0.

0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

1,687,740.

4,266,155.

16a Professional fundraising fees (Part IX, column (A), line 11e)

0.

0.

b Total fundraising expenses (Part IX, column (D), line 25)

717,318.

17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24e)

1,484,315.

3,839,381.

18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)

3,871,310.

8,505,536.

19 Revenue less expenses - Subtract line 18 from line 12

-908,032.

1,920,321.

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

16,920,646.

18,638,810.

21 Total liabilities (Part X, line 26)

1,723,701.

836,282.

22 Net assets or fund balances - Subtract line 21 from line 20

15,196,945.

17,802,528.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
 NATHAN JOHNSON, CFO
 Type or print name and title

Date 11/15/18

Print/Type preparer's name JULIE A. WELCH
 Preparer's signature JULIE A. WELCH
 Date 11/02/18
 Check if self-employed ☐ PTIN P00080714
 Firm's name MEARA WELCH BROWNE, P.C.
 Firm's EIN 43-1618427
 Firm's address 2020 WEST 89TH STREET, SUITE 300
 LEAWOOD, KS 66206-1947
 Phone no (816) 561-1400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

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

Form 990 (2016)

SCANNED MAR 13 2019

6/15/18

8

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission
UPHOLD THE STANDARD FOR PROVIDING HIGH QUALITY SEXUAL AND REPRODUCTIVE HEALTH CARE. PROVIDE EDUCATION THAT PROMOTES INFORMED CHOICE AND AUTHENTIC SEXUALITY. CHANGE THE CULTURE THROUGH PROACTIVE ADVOCACY TO ENSURE EQUALITY IN REPRODUCTIVE AND SEXUAL DECISION MAKING.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as 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.
- 4a (Code) (Expenses \$ **5,445,031.** including grants of \$) (Revenue \$ **2,739,636.**)
THE ORGANIZATION PROVIDES THE HIGHEST QUALITY REPRODUCTIVE AND SEXUAL HEALTH CARE, INCLUDING BUT NOT LIMITED TO BIRTH CONTROL, PREVENTIVE HEALTH SERVICES, CERVICAL, BREAST AND TESTICULAR CANCER SCREENING AND TESTING, TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS, PREGNANCY TESTING AND COUNSELING, PRECONCEPTION CARE, HIV TESTING, AND BASIC INFERTILITY SERVICES IN KANSAS, MID-MISSOURI, AND OKLAHOMA.
- 4b (Code) (Expenses \$ **1,044,287.** including grants of \$) (Revenue \$ **380.**)
THE ORGANIZATION PROVIDES COMPREHENSIVE, MEDICALLY ACCURATE, AGE APPROPRIATE, SEX-POSITIVE SEX EDUCATION TO HIGH SCHOOLS, COMMUNITY AGENCIES, CHURCHES, YOUTH GROUPS AND PARENTS ACROSS KANSAS, MID-MISSOURI, AND OKLAHOMA.
- 4c (Code) (Expenses \$ **1,103,528.** including grants of \$ **400,000.**) (Revenue \$)
THE ORGANIZATION ADVOCATES FOR SEXUAL AND REPRODUCTIVE RIGHTS, AS WELL AS BROAD ACCESS TO A COMPREHENSIVE RANGE OF SEXUAL AND REPRODUCTIVE HEALTH CARE SERVICES, THROUGH POLICY ADVOCACY IN THE RELEVANT STATE LEGISLATURES, ROBUST AND CONSISTENT BRANDING AND MESSAGING IN THE COMMUNITIES THE ORGANIZATION SERVES, AND GRASSROOTS ORGANIZING TO CREATE A MORE FAVORABLE SOCIAL AND POLITICAL CLIMATE FOR REPRODUCTIVE AND SEXUAL RIGHTS AND HEALTH CARE ACCESS.
- 4d Other program services (Describe in Schedule O)
 (Expenses \$) including grants of \$) (Revenue \$)
- 4e Total program service expenses **7,088,846.**

Part 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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 14 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	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		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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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.)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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	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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part 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

☒

		Yes	No
1a	19		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	127		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?		X
d	If "Yes," indicate the number of Forms 8882 filed during the year		
e	Did the organization use any funds, directly or indirectly, to pay for or on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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.	21	
b Enter the number of voting members included in line 1a, above, who are independent	21	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, branches, and affiliates to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to its members or other persons if its governing documents require it before the start of the year?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AR, KS**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records **PRESIDENT/CEO - (913)312-5100**
4401 WEST 109TH STREET, OVERLAND PARK, KS 66211

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

☒**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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRIE HUNTINGTON BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(2) SUSAN MOEDER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(3) SANDY EDWARDS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(4) ROMITA BARRY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(5) MURRY NEWBERN BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(6) MIKE ANDERSON BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(7) MARJORIE SABLE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(8) KATHERINE DEBRUCE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(9) JOANNE FULTON BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(10) JIM WOHLLEB BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(11) JAY MCKELL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(12) GLENDA GOODMAN BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(13) ERIN CARNEY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(14) PHIL RETTIG, MD BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(15) DANA STONE, MD BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(16) CURTIS FISHER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(17) CHUCK ROMERO BOARD MEMBER	1.00 1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHASE BILLINGHAM BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(19) CALLIE MERRITT-JONES BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(20) BEVERLY BASS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(21) ANN ISENBERG BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(22) SU LIM CFO	40.00 0.00			X				129,792.	0.	8,338.
(23) AARON SAMULCEK COO, ACTING PRES & CEO	40.00 0.00			X				169,393.	0.	12,184.
(24) LAURA MCQUADE PRESIDENT/CEO	40.00 0.00			X				254,961.	0.	11,873.
(25) ORRIN MOORE, MD PHYSICIAN	0.00 40.00				X			0.	284,471.	0.
(26) KRISTIN METCALF-WILSON LEAD NURSE PRACTITIONER	40.00 0.00				X			12,144.	0.	0.
1b Sub-total								66,290.	284,471.	2,395.
c Total from continuation sheets to Part VII, Section A								30,151.	0.	0.
d Total (add lines 1b and c)								96,441.	284,471.	32,395.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	102,239.				
	b Membership dues	1b					
	c Fundraising events	1c	423,455.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	750,422.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,606,045.				
	g Noncash contributions included in lines 1a-1f \$		156,111.				
	h Total. Add lines 1a-1f			6,882,161.			
Program Service Revenue	2 a MEDICAL SERVICES	Business Code	621300	2,526,261.	2,526,261.		
	b EDUCATIONAL SERVICES		611710	8,380.	8,380.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,534,641.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			237,996.			237,996.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross receipts	(i) Real (ii) Personal					
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			18,000.	18,000.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less cost or other basis and sales expenses			0.			
	c Gain or (loss)			713,401.			
	d Net gain or (loss)			713,401.			713,401.
	8 a Gross income from fundraising events (not including \$ 423,455. of contributions reported on line 1c) See Part IV, line 18	a		0.			
b Less direct expenses	b		155,717.				
c Net income or (loss) from fundraising events			-155,717.			-155,717.	
9 a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code			
11 a OTHER REVENUE		621300	33,375.	33,375.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			33,375.				
12 Total revenue. See instructions.			10,425,857.	2,748,016.	0.	795,680.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	400,000.	400,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	613,536.	288,009.	260,590.	64,937.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,996,251.	2,532,925.	137,655.	325,671.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	392,582.	336,600.	13,144.	42,838.
10 Payroll taxes	263,786.	230,466.	6,580.	26,740.
11 Fees for services (non-employees):				
a Management				
b Legal	193,629.	176,029.	11,918.	5,682.
c Accounting	24,180.	14,204.	6,992.	2,984.
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	5,266.		65,266.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	636,408.	420,238.	133,301.	82,869.
12 Advertising and promotion				
13 Office expenses	457,578.	385,359.	13,551.	58,668.
14 Information technology				
15 Royalties				
16 Occupancy	547,616.	515,510.	12,776.	19,330.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	147,979.	124,590.	3,531.	19,858.
20 Interest	25,635.	17,795.	5,505.	2,335.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	198,733.	193,587.	2,387.	2,759.
23 Insurance	21,644.	21,644.		
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 O.)				
a PHARMACEUTICAL SUPPLIES	1,033,554.	1,033,554.	0.	0.
b OTHER PERSONNEL COSTS	314,746.	273,813.	16,864.	24,069.
c OTHER SUPPLIES	116,906.	68,096.	9,177.	39,633.
d LABORATORY SERVICES	54,055.	54,055.	0.	0.
e All other expenses	1,452.	2,372.	135.	-1,055.
25 Total functional expenses. Add lines 1 through 24e	8,505,536.	7,088,846.	699,372.	717,318.
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)

Part X Balance Sheet

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

☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	599,341.	1	3,739,209.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	177,205.	3	1,012,249.
	4 Accounts receivable, net	392,367.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	100,000.	7	100,000.
	8 Inventories for sale or use	210,816.	8	147,682.
	9 Prepaid expenses and deferred charges	142,853.	9	28,732.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 6,490,053.		
	b Less accumulated depreciation	10b 3,488,173.	10c	3,001,880.
	11 Investments - publicly traded securities	11,268,019.	11	7,711,985.
	12 Investments - other securities. See Part IV, line 11	961,390.	12	1,117,121.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,090.	15	1,779,952.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,920,646.	16	18,638,810.	
Liabilities	17 Accounts payable and accrued expenses	518,119.	17	36,282.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,164,280.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	41,302.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,723,701.	26	836,282.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,497,695.	27	14,852,171.
	28 Temporarily restricted net assets	752,054.	28	1,974,331.
	29 Permanently restricted net assets	947,196.	29	976,026.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,196,945.	33	17,802,528.	
34 Total liabilities and net assets/fund balances	16,920,646.	34	18,638,810.	

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck 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	10,425,857.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,505,536.
3	Revenue less expenses Subtract line 2 from line 1	3	1,920,321.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,196,945.
5	Net unrealized gains (losses) on investments	5	269,156.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	8,973.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	407,133.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,802,528.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the year, explain in Schedule O	X	
3a As a result of a federal audit, was the organization required to undergo a second or audit as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1) or section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised or controlled by its supported organization(s) that gives the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1850905.	1876551.	1586852.	2510611.	8505663.	16330582.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1850905.	1876551.	1586852.	2510611.	8505663.	16330582.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						16330582.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1850905.	1876551.	1586852.	2510611.	8505663.	16330582.
8 Gross income from interest, dividends, payments received on securities, annuities, royalties, and income from similar sources	206,788.	228,806.	429,293.	512,477.	665,414.	2,922,555.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,594.	6,962.	8,684.	12,150.	98,556.	143,946.
11 Total support. Add lines 7 through 10						18566783.
12 Gross receipts from related activities, etc. (see instructions)					12	9,568,835.
13 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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	87.96	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	85.58	%
16a 33 1/3% support test - 2016. 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. ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2016. If 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-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Unrelated Business Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 assets (Explain in Part VI.)						
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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organization 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 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.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a 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?
- b A family member of a person described in (a) above?
- c 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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 a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification? The notice must be provided to the supported organizations by the last day of the fifth month of the organization's tax year.
- 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).
- 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 supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section 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	

Section 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)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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% (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	

Section 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-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7.			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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 II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS REVENUE**

2012 AMOUNT: \$ 17,594.

2013 AMOUNT: \$ 6,962.

2014 AMOUNT: \$ 8,684.

2015 AMOUNT: \$ 12,150.

2016 AMOUNT: \$ 98,556.

AS AMENDED

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.irs.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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization PLANNED PARENTHOOD GREAT PLAINS	Employer identification number 44-0565390
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3)

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Part II-A 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)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		12,065.	19,896.												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		46,214.	58,939.												
c Total lobbying expenditures (add lines 1a and 1b)		58,279.	78,835.												
d Other exempt purpose expenditures		8,447,257.	16,060,019.												
e Total exempt purpose expenditures (add lines 1c and 1d)		8,505,536.	16,138,854.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		575,277.	956,943.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	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			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
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)		143,819.	239,236.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

AS AMENDED

4-Year Averaging Period Under section 501(h)
 Some organizations that make 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 (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	457,619.	375,467.	454,934.	956,943.	2,244,963.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,367,445.
c Total lobbying expenditures	73,774.	130,065.	70,259.	78,835.	352,933.
d Grassroots nontaxable amount	114,405.	93,867.	113,734.	239,236.	561,242.
e Grassroots ceiling amount (150% of line 2d, column (e))					841,863.
f Grassroots lobbying expenditures	57,029.	17,993.	41,898.	19,896.	136,816.

Schedule C (Form 990 or 990-EZ) 2016

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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 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?			
j Total. Add lines 1c through 1i			
2a 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$5,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditure from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A lines 1 and 2 are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures
Part II - A

Name of Affiliated Group Member

PLANNED PARENTHOOD OF ARKANSAS AND EASTERN OKLAHOMA

Employer ID Number

73-0685955

Affiliated Group Member Address

4401 WEST 109TH STREET STE 200
OVERLAND PARK, KS 66211

Electing Member

NO

Limits on Lobbying Expenditures:

		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	7,831.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	12,725.	b
Total lobbying expenditures (add lines 1a and 1b)	20,556.	c
Other exempt purpose expenditures	3,287,948.	d
Total exempt purpose expenditures (add lines 1c and 1d)	3,308,504.	e

Lobbying nontaxable amount

Enter the amount from the following table

If the amount on line 1e is	The lobbying nontaxable amount is
Not over \$500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over \$17,000,000	\$1,000,000

	315,425.	f
Grassroots nontaxable amount (enter 25% of line 1f)	78,856.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

Part IV Supplemental information (continued)

Schedule C

Affiliated Group Lobbying Expenditures
Part II - A

Name of Affiliated Group Member

COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC

Employer ID Number

48-0847946

Affiliated Group Member Address

4401 WEST 109TH STREET STE 200
OVERLAND PARK, KS 66211

Electing Member

NO

Limits on Lobbying Expenditures:

		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	3,837,835.	d
Total exempt purpose expenditures (add lines 1c and 1d)	3,837,835.	e

Lobbying nontaxable amount

Enter the amount from the following table

If the amount on line 1e is	The lobbying nontaxable amount is
Not over \$500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over \$17,000,000	\$1,000,000

	341,892.	f
Grassroots nontaxable amount (enter 25% of line 1f)	85,473.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

Part IV Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures
Part II - A

Name of Affiliated Group Member

PLANNED PARENTHOOD GREAT PLAINS VOTES

Employer ID Number

43-1621500

Affiliated Group Member Address

4401 WEST 109TH STREET STE 200
OVERLAND PARK, KS 66211

Electing Member

NO

Limits on Lobbying Expenditures:

Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	486,979.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	486,979.	e												
Lobbying nontaxable amount														
Enter the amount from the following table														
<table><tr><th>If the amount on line 1e is</th><th>The lobbying nontaxable amount is</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>> 500,000 <= 1,000,000</td><td>100,000 + 15% > 500,000</td></tr><tr><td>> 1,000,000 <= 1,500,000</td><td>175,000 + 10% > 1,000,000</td></tr><tr><td>> 1,500,000 <= 17,000,000</td><td>225,000 + 5% > 1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>	If the amount on line 1e is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e is	The lobbying nontaxable amount is													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
	97,396.	f												
Grassroots nontaxable amount (enter 25% of line 1f)	24,349.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired prior to 8/7/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,061,392.	1,035,442.	1,041,726.	982,205.	1,008,441.
b Contributions					
c Net investment earnings, gains, and losses	98,955.	25,950.	-6,284.	60,021.	93,264.
d Grants or scholarships					
e Other expenditures for facilities and programs				500.	119,500.
f Administrative expenses					
g End of year balance	1,160,347.	1,061,392.	1,041,726.	982,205.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.00 %
 c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		609,205.		609,205.
b Buildings		3,789,830.	2,257,268.	1,532,562.
c Leasehold improvements		284,854.	116,017.	168,837.
d Equipment		1,806,164.	1,114,888.	691,276.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,001,880.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY POOL	639,151.	END-OF-YEAR MARKET VALUE
(B) INTERMEDIATE FIXED INCOME		
(C) POOL	147,477.	END-OF-YEAR MARKET VALUE
(D) MONEY MARKET POOL	61,847.	END-OF-YEAR MARKET VALUE
(E) SHORT TERM FIXED INCOME		
(F) POOL	221,553.	END-OF-YEAR MARKET VALUE
(G) BENEFICIAL INTEREST IN		
(H) ASSETS	47,093.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,117,121.	

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) OTHER ASSETS	3,165.
(2) INTERCOMPANY NET RECEIVABLES	1,776,787.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,779,952.

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part 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 X, LINE 2:

PPGP IS INCLUDED IN A CONSOLIDATED AUDIT WITH RELATED ENTITIES.

PPGP, CHPPGP & PPAEO ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND PPGPV AND PPGPVP ARE EXEMPT FROM INCOME

TAXES UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. THE

ORGANIZATION'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN

INCOME TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. THE

ORGANIZATION HAS NO UNCERTAIN INCOME TAX POSITIONS FOR THE YEAR ENDED JUNE

30, 2017. THE ORGANIZATION IS NO LONGER SUBJECT TO AUDIT FOR FEDERAL AND

STATE INCOME TAX PURPOSES FOR YEARS PRIOR TO 2013. MANAGEMENT IS NOT AWARE

OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME

TAXES.

Part XIII Supplemental Information (continued)

FORM 990 SCHEDULE D PART V

ENDOWMENT FUNDS INCLUDE TWO PERMANENTLY RESTRICTED FUNDS THAT ARE
PRIMARILY RESTRICTED FOR EDUCATIONAL SUPPORT.

FORM 990 PART X, LINE 15

INTERCOMPANY NET RECEIVABLES: \$1,948,406

AS AMENDED

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		CHOICES OKC (event type)	EVENT KC (event type)	1 (total number)	
Revenue	1 Gross receipts	106,066.	186,005.	131,384.	423,455.
	2 Less Contributions	106,066.	186,005.	131,384.	423,455.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	11,718.	8,338.	7,243.	27,299.
	7 Food and beverages				
	8 Entertainment	5,127.	30,173.	11,201.	46,501.
	9 Other direct expenses	42,112.	28,742.	11,063.	81,917.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				155,717.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-155,717.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

AS AMENDED

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AS AMENDED					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

PLANNED PARENTHOOD GREAT PLAINS PROVIDES GUIDELINES TO ALL ORGANIZATIONS IT PROVIDES SUPPORT AND REQUIRES ADHERENCE TO THESE GUIDELINES.

PLANNED PARENTHOOD GREAT PLAINS VOTES PROVIDES PERIODIC FINANCIAL STATEMENTS TO PLANNED PARENTHOOD GREAT PLAINS, WHICH ARE REVIEWED BY THE CEO AND VP OF PUBLIC AFFAIRS AND COMMUNICATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified deferred compensation plan?
- c** Participate in, or receive payment from, an equity based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part III Supplemental Information

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

AS AMENDED

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open To Public
Inspection

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		11,557.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X		143,484.	DAILY TRADING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

AS AMENDED

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

AS AMENDED

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 www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number
44-0565390

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

UPHOLD THE STANDARD FOR PROVIDING HIGH QUALITY SEXUAL AND REPRODUCTIVE
HEALTH CARE. PROVIDE EDUCATION THAT PROMOTES INFORMED PROUD AND
AUTHENTIC SEXUALITY. CHANGE THE CULTURE THROUGH PROACTIVE ADVOCACY TO
ENSURE EQUALITY IN REPRODUCTIVE AND SEXUAL DECISION MAKING.

AMENDED FORM 990, PART I, LINE 3:

AMENDED RETURN TO CORRECT NUMBER OF VOTING MEMBERS OF THE GOVERNING
BODY FROM 19 TO 21.

AMENDED FORM 990, PART I, LINE 4:

AMENDED RETURN TO CORRECT NUMBER OF INDEPENDENT VOTING MEMBERS OF THE
GOVERNING BODY FROM 19 TO 21.

AMENDED FORM 990, PART I, LINE 5:

AMENDED THE TAX RETURN TO PROVIDE THAT 127 INDIVIDUALS WERE EMPLOYED IN
CALENDAR YEAR 2016.

AMENDED FORM 990, PART I, REVENUE:

AMENDED THE TAX RETURN TO CORRECT REVENUE AMOUNTS. SEE ATTACHMENT 1.

AMENDED FORM 990, PART I, EXPENSES:

AMENDED THE TAX RETURN TO CORRECT EXPENSE AMOUNTS. SEE ATTACHMENT 1.

AMENDED FORM 990, PART III, LINE 4A:

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

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

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

AMENDED RETURN TO REMOVE MENTION OF "ARKANSAS" FROM PROGRAM STATEMENT.

AMENDED FORM 990, PART III, LINE 4A:

AMENDED RETURN TO CORRECT PROGRAM SERVICE REVENUES AND EXPENSES.

EXPENSES-PREVIOUSLY FILED: \$5,377,499

REVENUES-PREVIOUSLY FILED: \$1,004,102

AMENDED FORM 990, PART III, LINE 4B:

AMENDED RETURN TO REMOVE MENTION OF "ARKANSAS" FROM PROGRAM STATEMENT.

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

THE IRS FORM 990 INFORMATION IS GATHERED BY THE CHIEF FINANCIAL OFFICER AND FINANCE STAFF. IT IS GIVEN TO THE BOARD APPOINTED CPA FIRM. THE CPA FIRM COMPLETES THE FORM 990. THE INITIAL DRAFT OF THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER. COPIES OF THE 990 ARE PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS.

AMENDED FORM 990, PART V, LINE 1A:

AMENDED RETURN TO CORRECT NUMBER REPORTED IN BOX 3 OF FORM 1096.

AMENDED FORM 990, PART V, LINE 2A:

AMENDED RETURN TO PROVIDE NUMBER OF EMPLOYEES IN CALENDAR YEAR 2016.

AMENDED FORM 990, PART V, LINE 2B:

CORRECTED ANSWER FROM "NO" TO "YES".

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

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

THE SALARY/BONUS OF THE PRESIDENT AND CEO IS SET BY THE BOARD OF DIRECTORS OF PLANNED PARENTHOOD GREAT PLAINS (PPGP) AND REVIEWED ANNUALLY.

PLANNED PARENTHOOD STRIVES TO PAY COMPETITIVE SALARIES AT OR ABOVE THE TOP FIFTIETH (50TH) PERCENTILE AS COMPARED TO THE MEDIAN SALARIES FOR SIMILAR NON-PROFIT ORGANIZATIONS, TO THE EXTENT THE ORGANIZATION DETERMINES IT IS PRUDENT AND FINANCIALLY FEASIBLE.

AS PART OF NORMAL BUSINESS OPERATIONS, PPGP CONDUCTS A WAGE COMPENSATION REVIEW EVERY THREE YEARS WHICH INCLUDES SALARY COMPARISONS BASED ON THE LABOR MARKET AND SIMILAR NON-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 17:
THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION ON REQUEST TO OUR OFFICE. IN ADDITION, THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE THROUGH GREATER KANSAS CITY COMMUNITY FOUNDATION AND GUIDESTAR. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

AMENDED FORM 990, PART VI, LINE 17:

AMENDED RETURN TO LIST THE STATES IN WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED.

AMENDED FORM 990, PART VII, LINE 1A:

AMENDED RETURN TO CORRECT INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES.

AMENDED FORM 990, PART VIII:

AMENDED RETURN TO CORRECT REVENUE AMOUNTS. SEE ATTACHMENT 1.

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

AMOUNTS PREVIOUSLY REPORTED ARE AS FOLLOWS:

LINE 1A: \$737,891

LINE 1F: \$6,890,897

LINE 2A: \$824,102

LINE 2B: \$0

LINE 11A: \$41,755

AMENDED FORM 990, PART IX:

AMENDED RETURN TO CORRECT EXPENSE AMOUNTS. SEE ATTACHMENT 1.

AMOUNTS PREVIOUSLY REPORTED ARE AS FOLLOWS:

LINE 5: \$0

LINE 7: \$3,609,787

LINE 8: \$32,874

LINE 9: \$0

LINE 10: \$309,148

LINE 11B: \$0

LINE 11C: \$59,699

LINE 11G: \$635,817

LINE 13: \$59,699

LINE 16: \$537,963

LINE 20: \$41,401

LINE 24A: \$1,474,522

LINE 24B: \$0

LINE 24C: \$0

LINE 24D: \$0

LINE 11E: \$0

AMENDED FORM 990, PART X:

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

AMENDED RETURN TO CORRECT BALANCE SHEET ACCOUNTS. SEE ATTACHMENT 2.

AMENDED FORM 990, PART X, LINE 15:

PREVIOUSLY REPORTED: \$ 1,948,408

AMENDED FORM 990, PART X, LINE 27:

PREVIOUSLY REPORTED: \$13,986,464

AMENDED FORM 990, PART X, LINE 15:

PREVIOUSLY REPORTED: \$ 3,008,492

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

MERGER WITH PLANNED PARENTHOOD OF CENTRAL OKLAHOMA (EIN

73-0660000

4,17,133.

AS AMENDED

AMENDED FORM 990, PART XI:

AMENDED RETURN TO CORRECT NET ASSET RECONCILIATION AMOUNTS. SEE
ATTACHMENT 2.

TOTAL REVENUE PREVIOUSLY REPORTED: \$10,644,202

TOTAL EXPENSES PREVIOUSLY REPORTED: \$8,504,093

AMENDED SCHEDULE A, PART II, SECTION A, LINE 1, COLUMN E:

AMOUNT PREVIOUSLY REPORTED: \$10,634,829

AMENDED SCHEDULE B, PART I:

AMENDED SCHEDULE TO INCLUDE \$705,699 TITLE X GRANT FROM US DEPT HHS.

Name of the organization

PLANNED PARENTHOOD GREAT PLAINS

Employer identification number

44-0565390

AMENDED SCHEDULE C, PART II-A, SECTION A:

AMENDED SCHEDULE TO SPECIFY THAT THE ORGANIZATION BELONGS TO AN
AFFILIATED GROUP.

AMENDED SCHEDULE C, PART II-A, SECTION B, COLUMN A:

AMENDED SCHEDULE TO CORRECT ORGANIZATION'S LOBBYING EXPENDITURE AMOUNTS
FROM THE FOLLOWING:

LINE 1A - PREV. FILED: \$ 7,617

LINE 1B - PREV. FILED: \$ 38,991

LINE 1D - PREV. FILED: \$7,473,582

LINE 1E - PREV. FILED: \$7,520,190

LINE 1F - PREV. FILED: \$ 526,010

LINE 1G - PREV. FILED: \$ 1,500,000

AS AMENDED

AMENDED SCHEDULE C, PART II-A, SECTION B, COLUMN B:

AMENDED SCHEDULE TO INCLUDE AMOUNTS FOR AFFILIATED GROUP LOBBYING
EXPENDITURE AMOUNTS.

AMENDED SCHEDULE C, PART IV:

AMENDED SCHEDULE TO ADD AFFILIATED GROUP LISTING.

AMENDED SCHEDULE D, PART V, LINE 3A:

AMENDED SCHEDULE TO CHANGE THE ANSWER TO QUESTION 3A(II) FROM "NO" TO
"YES".

AMENDED SCHEDULE I, PART II, LINE 1A:

AMENDED SCHEDULE TO INCLUDE A \$400,000 GRANT TO PLANNED PARENTHOOD
GREAT PLAINS VOTES.

Name of the organization	PLANNED PARENTHOOD GREAT PLAINS	Employer identification number	44-0565390
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AMENDED SCHEDULE J, PART II:

AMENDED SCHEDULE TO CORRECT COMPENSATION AMOUNTS FOR OFFICERS,
DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES.

AMENDED SCHEDULE R, PART II:

AMENDED SCHEDULE TO REFLECT THE FOLLOWING CHANGES FOR COMPREHENSIVE
HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.:

COLUMN F - PREVIOUSLY REPORTED: PLANNED PARENTHOOD GREAT PLAINS

AMENDED SCHEDULE R, PART II:

AMENDED SCHEDULE TO REFLECT THE FOLLOWING CHANGES FOR PLANNED

PARENTHOOD OF ARKANSAS AND EASTERN OKLAHOMA

COLUMN - PREVIOUSLY REPORTED: SUPPORT SERVICES

AS AMENDED

AMENDED SCHEDULE R, PART V, LINE 2:

AMENDED SCHEDULE TO INCLUDE THE FOLLOWING TRANSACTIONS -

COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.:

ADDED TRANSACTION TYPE R.

PLANNED PARENTHOOD OF GREAT PLAINS VOTES:

ADDED TRANSACTION TYPES L, N, & O.

PLANNED PARENTHOOD OF ARKANSAS AND EASTERN OKLAHOMA, INC.:

ADDED TRANSACTION TYPES L, N, O, Q.

AMENDED SCHEDULE R, PART V, LINE 2:

AMENDED SCHEDULE TO REFLECT THE FOLLOWING CHANGES FOR COMPREHENSIVE
HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC., TRANSACTION TYPE "J":

COLUMN D - PREVIOUSLY REPORTED: ALLOCATON

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ **Attach to Form 990.**

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

Name of the organization

Employer identification number
44-0565390

PLANNED PARENTHOOD GREAT PLAINS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

[illegible]

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization is a part of a larger organization that is a tax-exempt organization during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD							
GREAT PLAINS, INC. - 48-0847946, 4401 WEST	CLINIC SERVICES/SUPPORT						
109TH STREET, OVERLAND PARK, KS 66211	SERVICES	MISSOURI	501(C)(3)	LINE 7	N/A		X
PLANNED PARENTHOOD OF ARKANSAS AND EASTERN					PLANNED		
OKLAHOMA, INC - 73-0685955, 4401 WEST 109TH	CLINIC SERVICES/SUPPORT				PARENTHOOD GREAT		
STREET, OVERLAND PARK, KS 66211	SERVICES	OKLAHOMA	501(C)(3)	LINE 7	PLAINS		X
PLANNED PARENTHOOD GREAT PLAINS VOTES -							
43-1621500, 4401 WEST 109TH STREET, OVERLAND							
PARK, KS 66211	ADVOCACY	MISSOURI	501(C)(4)		N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)

- l** Performance of services or membership or fundraising solicitations for related organization(s)

- m** Performance of services or membership or fundraising solicitations by related organization(s)

- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses

- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)

- s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.	Q	986,274.ALLOCATION	
COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.	J	180,000.COST	
COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.	R	272,000.COST	
COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.	L	0.SEE ITEM 2 ABOVE	
COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.	N	0.SEE ITEM 2 ABOVE	
COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.	O	0.SEE ITEM 2 ABOVE	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) PLANNED PARENTHOOD GREAT PLAINS VOTES	B	400,000.COST	
(8) PLANNED PARENTHOOD GREAT PLAINS VOTES	L	0.SEE ITEM 2 ABOVE	
(9) PLANNED PARENTHOOD GREAT PLAINS VOTES	N	0.SEE ITEM 2 ABOVE	
(10) PLANNED PARENTHOOD GREAT PLAINS VOTES	O	0.SEE ITEM 2 ABOVE	
PLANNED PARENTHOOD OF ARKANSAS AND (11) EASTERN OKLAHOMA, INC.	Q	1,026,655.ALLOCATION	
PLANNED PARENTHOOD OF ARKANSAS AND (12) EASTERN OKLAHOMA, INC.	L	0.SEE ITEM 2 ABOVE	
PLANNED PARENTHOOD OF ARKANSAS AND (13) EASTERN OKLAHOMA, INC.	N	0.SEE ITEM 2 ABOVE	
PLANNED PARENTHOOD OF ARKANSAS AND (14) EASTERN OKLAHOMA, INC.		0.SEE ITEM 2 ABOVE	
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

AS AMENDED