

COOPERATIVE AGREEMENT

THIS AGREEMENT, by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the State of Missouri, hereinafter referred to as "the County" and **GREAT PLAINS SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS d/b/a GREAT PLAINS SPCA**, a Missouri Nonprofit Corporation, hereinafter referred to as "Great Plains," is made and entered into this 11 day of April 2018.

WITNESSETH:

WHEREAS, the County has constructed a state of the art animal shelter facility on land owned by the City of Independence, Missouri, located at 21001 E. Missouri Hwy 78, Independence, MO, hereinafter referred to as "the Facility"; and,

WHEREAS, by Request for Proposals (RFP) 54-17, the County has solicited formal written proposals from nonprofit agencies for the operation of the Facility; and,

WHEREAS, Great Plains submitted the only responsive proposal to the County's RFP 54-17; and,

WHEREAS, the County evaluated Great Plains' Proposal as adequate and, by Resolution 19675, dated December 11, 2017, awarded Great Plains a contract for the operation of the Facility for a period of five years commencing January 1, 2018; and,

WHEREAS, this Cooperative Agreement adequately sets out the rights and obligations of the parties regarding this matter; now therefore,

It is agreed by and between the parties as follows:

1. Great Plains shall operate the Facility in accordance with the specifications



set out in the County's RFP 54-17, as modified by Exhibit F-1 (dated 12/5/17) and Exhibit G (dated 10/19/17) to Great Plains' proposal submitted in response to RFP 54-17, for a five-year term commencing on January 1, 2018.

2. The County's RFP 54-17, as specifically modified by Exhibit F-1 (dated 12/5/17) and Exhibit G (dated 10/19/17) to Great Plains' Proposal, and Great Plains' Proposal itself are specifically incorporated into this Agreement. Together, these four documents incorporate the entire agreement and understanding of the parties. In the event of a conflict among the provision of any of these documents, the provision of the document in the higher position in the following order shall prevail:

- a. This Agreement.
- b. RFP 54-17, as modified by Exhibit F-1 (dated 12/5/17) and Exhibit G (dated 10/19/17) to Great Plains' Proposal.
- c. Great Plains' Proposal.

3. If either party shall determine to terminate this Agreement prior to its normal termination on December 31, 2022, then that party may do so by providing one hundred eighty days' advance written notice with said termination to be effective on the one hundred eighty-first day. Further, the County may determine to terminate this Agreement prior to its normal termination date for cause. "Cause" for County to act includes abuse or mistreatment of animals, financial mismanagement, failure to properly maintain the Facility and/or failure to operate the Facility within generally accepted State standards. In the event the County determines to terminate for cause, the County shall give Great Plains 90-days' written notice of its intent to terminate. Upon receipt of such notice, Great Plains shall have 60 days in which to cure all noted deficiencies. If Great Plains fails to cure the deficiencies

within 60 days of receipt of notice the Agreement shall be terminated at the end of the 90-day notice period. Additionally, Great Plains may immediately terminate this Agreement if any reimbursement for utilities charges owed by the County to Great Plains pursuant to paragraph 6 hereof remains unpaid 60 days after the County's receipt of Great Plains' invoice for that reimbursement.

4. The County has proposed to provide animal shelter service to the City of Independence at the Facility in accordance to Resolution 19672, dated December 11, 2017. The City of Independence has executed an Intergovernmental Agreement with the County for these services. Great Plains agrees to provide these animal shelter services to the City on the County's behalf, as described in the separate Intergovernmental Agreement between the County and the City. For services provided to the City of Independence, the County shall pay Great Plains according to the following schedule for so long as the County's contract with the City of Independence shall be in effect:

2018	-	\$546,522 Annually
2019	-	\$557,452 Annually
2020	-	\$568,601 Annually
2021	-	\$579,973 Annually
2022	-	\$591,572 Annually

In year 2018, Great Plains agrees to accept \$128,750 for the first and second quarters and \$144,511 in the third and fourth quarters. For years, 2019 through 2022, the annual fee will be divided equally between the annual quarters.

The County shall make quarterly payments to Great Plains for these services by the fifteenth of the month, the first month of the quarter upon receipt of Great Plains's invoice.

5. For the duration of this Agreement, Great Plains will provide animal control field services within the unincorporated portion of the County, as specified in section 4.14

of the County's RFP, at no additional cost to the County. Further, Great Plains agrees that prior consent from the County and City of Independence is needed before Great Plains enters into agreements directly with any other municipality within the County for the purpose of providing sheltering and/or field services housed in the Facility.

6. For the duration of this Agreement, the County shall reimburse Great Plains for its utilities charges at the Facility. For purposes of this paragraph, "utilities" shall include electricity, natural gas, water, sewer, storm water runoff, and local telephone service. "Utilities" shall not include long distance telephone, cable television, internet, or any other service. Great Plains shall invoice the County monthly, providing copies of paid utilities bills, and the County shall pay said invoice monthly upon receipt. The County's reimbursement obligation under this paragraph for the calendar year 2018 shall not exceed \$130,000.00. Thereafter, annual caps for utility charges to be reimbursed by the County are subject to negotiation between the parties.

7. The County shall retain title and ownership to all equipment and fixtures purchased with County funds and installed or placed within the Facility. All such equipment and fixtures shall remain with the Facility upon the termination of this Agreement. Great Plains shall retain title to any equipment and supplies that it installs or places within the Facility and may remove such equipment and supplies upon the termination of this Agreement.

8. Great Plains shall be responsible for day-to-day maintenance of the Facility and grounds, including janitorial service, replacing light bulbs and filters, and routine grass mowing and landscaping. In the event that Great Plains desires to replace or install carpet or paint interior walls or surfaces or other physical improvements, Great Plains may do so

at its own expense, subject to the County's approval as to colors and materials. The County shall be responsible for major repairs to the Facility and grounds, and systems and equipment contained therein, including HVAC, plumbing, electrical, and major appliances. In the event of a significant snowfall (more than 1-inch accumulation), the County shall be responsible for snow plowing and removal from entrance roads, parking lots, and sidewalks. In the event of light snowfall, Great Plains shall be responsible for any desired snow or ice removal.

(Signature page to follow)

IN WITNESS WHEREOF, the parties hereto have signed and executed this Agreement on the date first above written.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

By 
W. Stephen Nixon
County Counselor

By 
Frank White Jr.
County Executive

ATTEST:

GREAT PLAINS SPCA


Mary Jo Spino
Clerk of the County Legislature

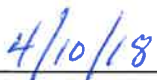
By 
Nate Meador
President & CEO


Federal I.D. Number

REVENUE CERTIFICATE

There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of fund from which payment is to be made each sufficient to provide for the obligation herein authorized.

Fund sufficient to meet future years' obligations are subject to appropriation in the then current Jackson County budget.


Date


Chief Administrative Officer
Account No. 002-1522-56790





GREAT PLAINS SPCA
Heroes for pets. Partners for life.

Office of the Jackson County Purchasing Department
Room G-1, Ground Floor, Jackson County Courthouse
415 East 12th Street
Kansas City, Missouri 64106

September 08, 2017

Legal Name: Great Plains Society for the Prevention of Cruelty to Animals (d.b.a. Great Plains SPCA)

Physical Address and contact information

Great Plains SPCA
21001 East 78 Highway
Independence, MO 64057

Administration Offices and Veterinary Care Center
5428 Antioch Drive
Merriam, KS 66202

Phone: 816-621-7722 (main line)
Website: www.greatplainsspca.org

Federal Tax ID# 05-0552529
Email: nmeador@greatplainsspca.org

Contact Person's Name: Tish Stephens
Contact Person's Title: Director of Shelter Operations, Indy Campus
Contact Person's Telephone #: (913) 808-3393
Contact Person's E-Mail: LStephens@greatplainsspca.org



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FOR EXHIBITS ATTACHED TO 2017 RFP**

EXHIBIT A	Insurance
EXHIBIT B	Compliance Certificate
EXHIBIT B-1	Current Business License
EXHIBIT B-2	Certificate of No Tax Due
EXHIBIT C-1	Respondent's Form 990 for 2015 (2016 not completed as of this date)
EXHIBIT C-2	Respondent's 2015 Audited Financial Statements (2016 not completed)
EXHIBIT D	Executive Job Descriptions
EXHIBIT E	Responses to items: 6.7.4 through 6.7.9
EXHIBIT F-1	Exception List

AFFIDAVIT

STATE OF Missouri)
) SS.
COUNTY OF Jackson)

Great Plains SPCA of the City of Independence
County of Jackson State of Missouri being duly sworn on her or his oath, deposes and says;

1. That I am the CEO (Title of Affiant) of Great Plains SPCA (Name of Respondent) and have been authorized by said Respondent to make this Affidavit upon my best information and belief, after reasonable inquiry as to the representations herein.
2. No Officer, Agent or Employee of Jackson County, Missouri is financially interested directly or indirectly what Respondent is offering to sell to the County pursuant to this Invitation (though no representation is made regarding potential ownership of publicly traded stock of respondent).
3. If Respondent were awarded any contract, job, work or service for Jackson County, Missouri, no Officer, Agent or Employee of the County would be interested in or receive any benefit from the profit or emolument of such.
4. Either Respondent is duly listed and assessed on the tax rolls of Jackson County, Missouri and is not delinquent in the payment of any taxes due to the County or Respondent did not have on December 31, 2016 any property subject to taxation by the County and if respondent is duly listed and assessed on the tax rolls of Jackson County, Missouri, respondent agrees to permit an audit of its records, if requested by the Jackson County Director of Assessment, as they relate to the assessment of Business Personal Property.
5. Respondent has not participated in collusion or committed any act in restraint of trade, directly or indirectly, which bears upon anyone's response or lack of response to the Invitation.
6. Respondent certifies and warrants that Respondent or Respondent's firm/organization is not listed on the General Services Administration's Report of Debarred and/or Suspended Parties; or the State of Missouri and City of Kansas City, Missouri Debarment List.
7. Respondent certifies and affirms its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.
8. Respondent certifies and affirms that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

Great Plains SPCA (Name of Respondent)

By: [Signature] (Signature of Affiant)

CEO (Title of Affiant)

Subscribed and sworn to before me this 24 day of September, 2017.

NOTARY PUBLIC in and for the County of Johnson
State of Kansas

My Commission Expires: 3/24/2019



**JACKSON COUNTY, MISSOURI
COMPLIANCE REVIEW FORM**

Report Date: _____ (All reports expire annually on December 31st)

DIRECTIONS FOR COMPLETION:

Please fill out form completely. If a question refers to "past report" and this is your first one, place "1st Report" in the blank. If a question addresses an area which does not apply to your company, such as (subcontractors), place "N/A" in the blank. Please be sure this and subsequent reports are SIGNED AND DATED. If you have any questions, please call our office at (816) 881-3467.

Mail/Fax or Email reports to:
Tom Wyrsh
Contract Compliance Review Director
415 East 12th Street - 2nd Floor
Kansas City, Missouri 64106
EMAIL: cro@jacksongov.org
FAX: (816) 881-1223

1. COMPANY DESCRIPTION:

Name of Company _____
Street Address _____
City _____ State _____ Zip _____
Email Address: _____
Website Address: _____
Area Code _____ Telephone Number _____
Representative Name _____

2. COMPANY STATISTICS:

- A. Total number of Employees _____
- B. Total Number of Employees who are:
 - 1. Women _____
 - 2. Hispanic _____
 - 3. Black _____
 - 4. Asian _____
 - 5. American Indian _____
 - 6. Other _____

YES NO N/A

3. Has your company advertised for applicants since your report? _____
If so, please attach a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement

4. Has there been an effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program? _____
If so, please attach a detailed report of such efforts

5. Have there been any adjustments in your job prerequisites or your recruiting and intake procedures? _____
If so, please attach a narrative of such efforts.

YES NO N/A

- 6. Has any effort been made since your last report in disseminating your policy to all your employees or in encouraging them to refer Minority or Female applicants?
If so, please attach a narrative of such efforts. _____

- 7. Are you attaching any other comments or concerns which you would like to have reviewed as part of determining compliance with your programs? _____

List all minority contractors/suppliers (Minority Owned Business Enterprises MBE or Women Owned Business Enterprises WBE) with which you have contracted during this reporting period.

NAME OF COMPANY _____
 STREET ADDRESS _____
 REPRESENTATIVE NAME _____
 TELEPHONE NUMBER _____
 EMAIL ADDRESS _____
 WEBSITE ADDRESS _____
 PRODUCTS, SERVICE, AREA OF SCOPE OF WORK: _____
 DURATION OF CONTRACT _____
 AMOUNT OF CONTRACT _____

JACKSON COUNTY CONTRACT: YES NO

REPEAT THE ABOVE INFORMATION ON A SEPARATE SHEET FOR ADDITIONAL MBE/WBE FIRMS WITH WHOM YOU HAVE CONTRACTED.

Figures of Employment Analysis section of this report was obtained from:

	YES	NO
1. Available employment	_____	_____
2. Visual check	_____	_____
3. Other (specify) _____	_____	_____

This Compliance Review Form was prepared and submitted by:

Signature

Name and Title

Date

I certify that all answers and information herein contained are true to the best of my knowledge, and I understand that any mis-statement of fact may subject this company to non-compliance procedures.

Not Applicable

STATEMENT OF NO BID

TO: Jackson County Purchasing Department
Jackson County Courthouse
415 East 12th Street, Room G1
Kansas City, MO 64106

We, the undersigned, have declined to submit a proposal in response to the above Request for Proposal for the following reasons(s):

Scope of Services too "tight", i.e., geared toward one brand or supplier.

Insufficient time to respond to the proposal.

We do not offer this product or service.

Our schedule would not permit us to perform.

We are unable to meet Scope of Service requirements.

We are unable to meet bond requirements.

Scope of Services is not clear (explain).

We are unable to meet insurance requirements.

Remove us from your list for this commodity or service.

Other (explain). _____

REMARKS _____

Company Name: _____

Signature: _____

Telephone: _____

Date: _____

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned acknowledges receipt of Addenda through and including numbers _____ and that this Proposal is submitted in accordance with information, instructions, and stipulations set forth therein.



Signature of Respondent

9/8/2017
Date

Great Plains SPCA

Company Name

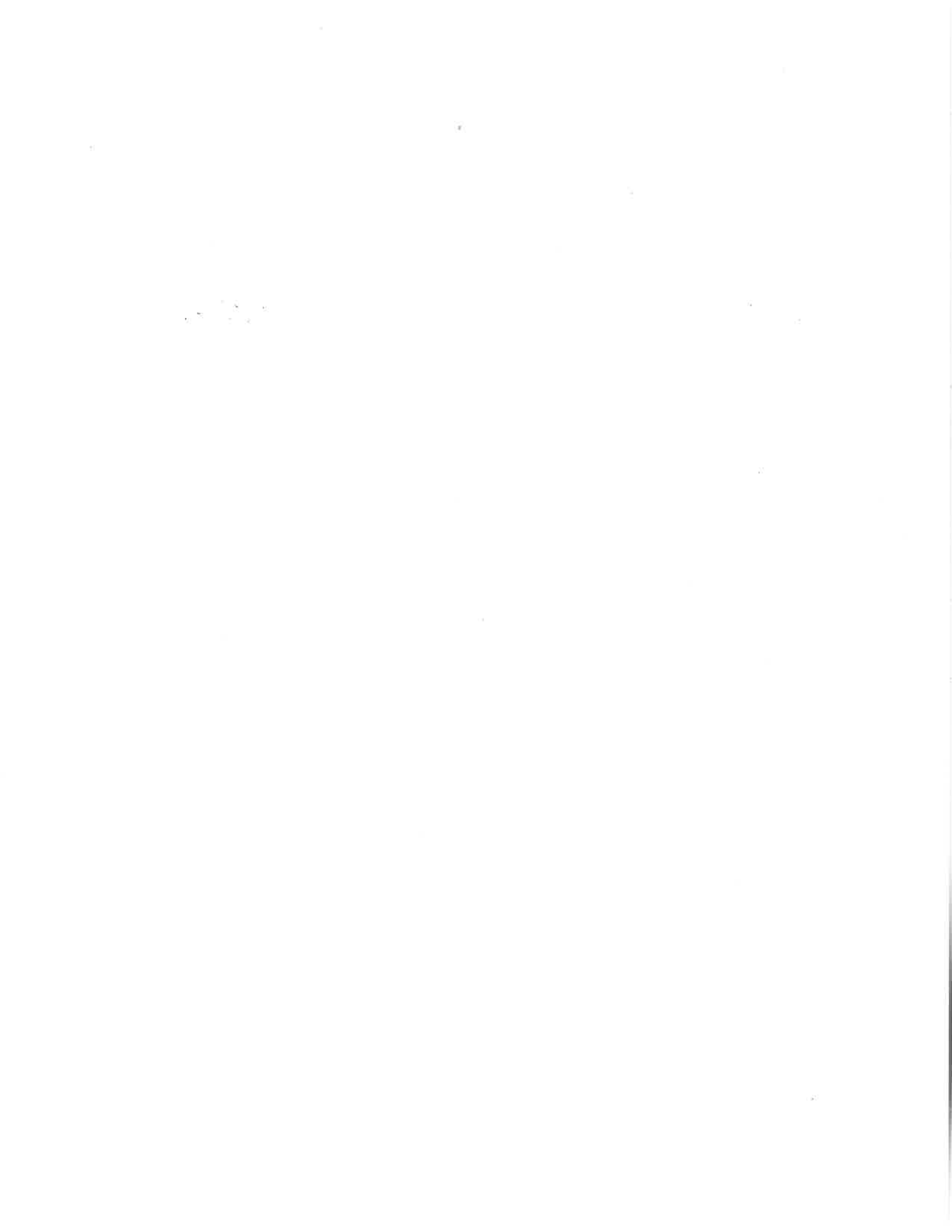
21001 East 78 Highway

Address

Independence, MO 64057

City, State, and Zip

Phone



GENERAL CONDITIONS

The General Conditions which follow apply to and are a part of this Request for Proposal unless otherwise specified herein. Subject to State and County laws and all rules, regulations and limitations imposed by legislation of the Federal Government, responses on all advertisements, and invitations issued by the Jackson County Purchasing Department will bind Respondents to applicable conditions and requirements herein set forth unless otherwise specified in the Request for Proposal. Respondents or their authorized representatives are expected to fully inform themselves as to the conditions, requirements, and scope of services before submitting proposals; failure to do so will be at the Respondent's own risk and he cannot secure relief on the plea of error.

1. **Withdrawal of Proposals:** A written request for the withdrawal of a proposal or any part thereof may be granted if the request is received in the Office of the Director of Finance and Purchasing prior to the response deadline.
2. **Completeness:** All information required by the Request for Proposal must be supplied to constitute a proper proposal. Respondents shall not alter the Request for Proposal documents except upon instruction by receipt of addendum. Respondents shall furnish information required by the Request for Proposal in the form requested. The County reserves the right to reject proposals with incomplete information or which are presented in a form other than that requested in this Request for Proposals. Proposals must be submitted in "hard copy" form. Proposals submitted electronically, on computer diskettes, or by FAX will not be considered by the County.
3. **Proposals Binding For 90 Days:** Unless otherwise specified all proposals submitted shall be binding for ninety (90) calendar days following the response deadline, unless the Respondent(s), upon request of the Director of Finance and Purchasing, agrees to an extension.
4. **Exceptions:** Conditional or qualified proposals are subject to rejection in whole or in part. All exceptions to the scope of services for this Request for Proposal must be made in writing and attached as Exhibit F to the proposal when it is submitted by the Respondent. The County will consider minor exceptions to its requirements. A minor exception is one which is a matter of form, not substance. The minor exception is considered immaterial and inconsequential when its significance to price, quantity, quality, or delivery is trivial or negligible when contrasted with total scope of the Request for Proposal (ex: comparable manufacturer or alternate proposals where allowed by the Request for Proposal). The County will not consider exceptions to its General Conditions, Forms or Insurance Requirements. The County reserves the right in its sole discretion to accept or reject any exceptions included in Exhibit F. Exceptions made in any other manner or form whether by omission or by inclusion in any other manner other than as specifically entered and described in full on Exhibit F shall not be made a part of the resulting contract. Exceptions which are made by the Respondent and entered on Exhibit F and determined to be acceptable to the County shall be made a part of the resulting contract by inclusion as a provision of a mutually executed Amendment to the contract. Exceptions which are not made a part of said Amendment shall not be included in the contract nor be binding upon the County and the scope of services for the Request for Proposal shall prevail.
5. **Questions Regarding Scope of Services:** Any information relative to interpretation of scope of services shall be requested of the Purchasing Supervisor, in writing, in ample time before the response deadline. All questions must be received in the Office of the Purchasing Department by **5:00 PM, CDT on September 5, 2017**. Any interpretation made to prospective respondents will be expressed in the form of an addendum to the Request for Proposal which, if issued, will be posted no later than three (3) business days before the response deadline. Addendums to the Request for Proposal will be posted on the county's website @ www.jacksongov.org. Oral answers will not be binding on the County. Each respondent shall ascertain prior to submitting his proposal that he has received all Addenda issued, and shall acknowledge the receipt of such on the form provided herein. Failure to adhere to this policy may cause your bid to be REJECTED.
6. **The County reserves the right to split the award of the contract, reject any or parts of proposals, to waive technical defects in proposals, consider administrative costs and to select the proposals(s) deemed most advantageous to the County. The County shall consider proposals submitted on an "all or nothing" basis only if the proposal is clearly designated as such by the Respondent, affixing the words "ALL OR NOTHING" on the quotation portion of the Request for Proposal.**
7. **Applicable State Law:** The contract shall be construed according to the laws of the State of Missouri. The Contractor must be registered and maintain good standing with the Secretary of State, of the State of Missouri and other regulatory agencies as may be required by law or regulation.
8. **Communications and Notices:** Any notice to the Contractor shall be deemed sufficient when deposited in the United States Mail postage prepaid; faxed; e-mailed; delivered to a telegraph office fee prepaid; or hand-carried and presented to an authorized employee of the Contractor at the Contractor's address as listed on the signature page of the contract or at such address as the contractor may have requested in writing.

9. Bankruptcy or Insolvency: Upon filing for any bankruptcy or insolvency proceedings by or against the Contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Contractor must notify Jackson County's Director of Finance and Purchasing immediately in writing. Upon learning of the actions herein identified, Jackson County reserves the right at its sole discretion to either affirm the contract, or cancel the contract and hold the Contractor responsible for damages.

10. Patents: Contractor agrees to defend, indemnify, protect, and save harmless, Jackson County, Missouri, against all claims for royalties for patents or suit for infringement thereon which may be involved in the manufacture or use of the materials or items to be furnished.

11. By virtue of statutory authority, the Director of Finance and Purchasing shall give preference to all commodities manufactured, mined, produced or grown within the State of Missouri and to all firms, corporations or individuals doing business as Missouri firms, corporations or individuals, when quality is equal or better and delivered price is same or less.

12. Material Standards: All material or equipment furnished shall meet the minimum requirements of the Occupational Safety & Health Standard (OSHA) published in the Federal Register.

13. Tax Clearance Required: No person, firm or corporation, resident in Jackson County, or otherwise legally within the taxing jurisdiction of the County, shall be eligible to provide any goods, contractual services or anything covered by the County Purchasing Ordinance, unless said person, firm or corporation is duly listed and assessed on the County tax rolls, and is in no way delinquent on any taxes payable to the County. Further, no person, firm or corporation, regardless of state of residency, shall be eligible to provide any goods, contractual services, or anything covered by this chapter, of a cost in excess of \$150,000 per annum, if that person, firm or corporation is in any way delinquent on any taxes payable to any local government entity with which Jackson County has entered into an "Intergovernmental Agreement for Tax Verification Information".

Where any individual, firm or corporation is a resident of Jackson County, or it otherwise appears that such firm is legally within the taxing jurisdiction of the County, and has made an offer, bid, or quotation for any County purchase, or has submitted an application to be given an opportunity to make quotations for County purchases, the Director of Finance and Purchasing shall cause a search to be made of the County tax rolls, and, if applicable, an inquiry to be made of the appropriate personnel of any other local government entity with which Jackson County has entered into an "Intergovernmental Agreement for Tax Verification Information", to determine the eligibility of that person, firm or corporation under this section.

When the lowest/highest responsible bidder for a given Purchase Order or Contract is ineligible under this section, the Director of Finance and Purchasing may, where time is not of the essence to the County, notify the bidder and allow three (3) days for the bidder to correct the deficiency or pay up any delinquency involved. If the bidder fails, after such notice, to comply within three (3) days, or if the Director of Finance and Purchasing deems to be of the essence, he shall proceed as though the next lowest/highest responsible bidder who is eligible under this section had entered the lowest/highest bid.

14. The County is not responsible for articles or services furnished without a Purchase Order.

15. Inspection and Acceptance: Inspection and acceptance will be at destination. Prior to the time of delivery and acceptance by the County, or after any rejection, risk or loss shall be the responsibility of the Contractor unless loss results from negligence of the County.

16. Equal Opportunity: The Contractor shall maintain policies of employment as follows:

a) The Contractor and the Contractor's Subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, disability, or national origin. The Contractor shall take affirmative action to insure that applicants are employed, and that employees are treated during employment without regard to their race, religion, color, sex, disability, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

b) The Contractor and the Contractor's Subcontractor(s) shall, in all solicitations or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race religion, color, sex or national origin.

17. Foreign Corporations: Firms submitting proposals as corporations which are not incorporated in the State of Missouri must include with their proposal a properly executed **Certificate of Registration for Foreign Corporation** authorizing the firm to do business in the State of Missouri.

18. Errors in Proposals: Respondent shall be bound by its proposal even though the proposal is based on an erroneous calculation, and Respondent shall have no right to withdraw its proposal after the Response Deadline on the basis of an error in calculation of its proposal. Carelessness in quoting prices, or in preparation of proposal, will not relieve the Respondent in case of errors. Erasures or changes in proposals must be initialed.

19. Omission in Proposals: Omission in the proposal of any provision herein prescribed shall not be construed as to relieve the contractor of any responsibility or obligation requisite to the complete and satisfactory operation of any and all equipment and services. Any exception to the provision of the Request for Proposals must be in writing and not by omission.

20. No lowest/highest Respondent shall receive a business expectancy merely because his proposal is the lowest/highest one received; until the contract has been awarded, no business expectancy exists.

21. Conflict of Interest: Respondent warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this contract.

No official or employee of Jackson County or its governing body and no public official in Jackson County who exercises any functions or responsibilities in the review or approval of the undertaking of carrying out of the project covered by this contract shall voluntarily acquire any personal interest, directly or indirectly, in this contract.

The Contractor covenants that he/she presently has no interest and shall not acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of this services hereunder. The Contractor further covenants that no person having such known interest shall be employed or conveyed an interest, directly or indirectly, in this contract.

22. It shall be the responsibility of all Respondents to warrant that all goods, services, and/or work to be procured and/or performed under this contract shall conform to and/or be performed in compliance with all applicable Federal, State, and Local Statutes, Ordinances and Codes including but not limited to the American with Disabilities Act of 1990. Failure to comply in any manner with applicable Statutes, Ordinances or Codes shall result in said Contractor replacing the goods, services and/or work performed in order to effect compliance or in liquidated damages in the amount required to effect compliance with said Statutes, Ordinances and Codes together with any costs associated with collection of said damages.

23. Respondent certifies that all goods to be supplied to the County as a result of contracts awarded under this Request for Proposal were produced in compliance with all applicable requirements of section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and of regulations and orders of the United States Department of Labor issued under section 14 thereof.

24. Fund Allocation: Continuance of any resulting contract or issuance of purchase orders after December 31 of the current calendar year is contingent upon the allocation of County funds for the next proceeding calendar year.

25. Qualifications of Respondents: The County may make such reasonable investigations as deemed proper and necessary to determine the ability of the respondent to perform the work and the respondent shall furnish to the County all such information and data for this purpose, as may be requested. The County reserves the right to inspect respondent's physical plant prior to award to satisfy questions regarding the respondent's capabilities. The County further reserves the right to reject any proposal if the evidence submitted by or investigations of such respondent fails to satisfy the County that such respondent is properly qualified to carry out the obligations of the contract and to complete the work contemplated herein.

26. Except for the furnishing and transportation of materials, the Contractor shall not sublet, sell, transfer, assign, or otherwise dispose of any portion of this contract to any individual, firm, or corporation without written consent of Jackson County. This consent of the County will not be given unless, and until the Contractor has submitted satisfactorily evidence that the proposed subcontractor is qualified to execute the work and has an Affirmative Action Plan acceptable to the County, together with a complete copy of the subcontract if so requested by the County. The subcontract shall bind the subcontractor to comply with all requirements of this contract including but not limited to wage rates, equal employment opportunity regulations, submittal of payrolls, etc. Assignment of the entire contract may be made only upon written consent of the County.

27. If awarded a Contract as a result of this Request for Proposal; you must have a hard copy of a purchase order issued by the Jackson County, Missouri Finance and Purchasing Department **BEFORE** providing any goods and/or services. Failure to adhere to this policy will result in the immediate termination of said contract.

28. **Minority, Women and Veteran Business Enterprise Utilization:** Contractor shall comply with all requirements of Chapter 6, Jackson County Code, a copy of which can be viewed on the County's website at <http://www.jacksongov.org> Government, County Code, Current Code, 06. Affirmative Action Programs and by reference, incorporated herein for the construction under a County bid or for the purchase of County goods and services. Contractor shall ensure that it and its subcontractors collectively meet both the MBE, WBE and VBE goals established by the County, or show good faith effort as to why those goals could not be met, and comply with all reporting requirements. The Contractor, as a condition of this contract, is responsible for assuring submission of the Contractor Utilization Plan and other documentation regarding utilization of MBE, WBE and VBE Subcontractors, and good faith efforts when requested by the County.
29. As a condition for the award of any contract or grant in excess of five thousand dollars by the County to a business entity, the business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Every such business entity shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. Any entity contracting with the state or any political subdivision of the state shall only be required to provide the affidavits required in this subsection to the state and any political subdivision of the state with which it contracts, on an annual basis.
30. This contract shall be construed according to the laws of the State of Missouri, including Missouri Revised Statute Chapter 610.111.1, which requires that all records of Jackson County, Missouri will be open to the public, unless subject to statutory exception, as Jackson County, Missouri is a public governmental body. Pursuant to Missouri Revised Statute Chapter 610.021(12), sealed bids and related documents, once the bid documents have been opened, along with any related documents, are considered public records subject to disclosure upon request. Missouri Revised Statute Chapter 610.021(12) also requires, upon request, disclosure of any negotiated contract and documents related to such contract once the contract has been executed or until all bids have been rejected.
31. **Discussions and Negotiations:** The County, in its sole discretion, may do any or all of the following:
- a) evaluate proposals and award a contract with or without discussions or negotiations with any or all Respondents;
 - b) discuss and negotiate anything and everything with any Respondent or Respondents at any time;
 - c) request additional information from any Respondent;
 - d) request a Respondent or Respondents to submit a new Proposal;
 - e) request one or more best and final offers from any or all Respondents;
 - f) accept any Proposal in whole or part;
 - g) require a Respondent to make modifications to their initial Proposal;
 - h) make a partial award to any or all Respondents;
 - i) make multiple awards to any or all Respondents;
 - j) terminate this RFP and reissue an amended RFP

1.0 INTRODUCTION

- 1.1 Jackson County, Missouri is seeking proposals from qualified Respondents for the Management and Operation of its Regional Animal Shelter located in Eastern Jackson County, Missouri.
- 1.2 Regional Animal Shelter address: 21001 East Missouri Highway 78, Independence, Missouri 64057.
- 1.3 Through a Cooperative Agreement with the County, this facility has provided sheltering services to the City of Independence, Missouri.
- 1.4 Term: The term of any resulting contract shall be Thirty-Six Months, with Three Twelve Month Options to extend.

2.0 BACKGROUND

- 2.1 Jackson County, Missouri constructed a new, state of the art, 27,000 square foot facility that was completed in 2012 for the purpose of sheltering dogs, cats, and small animals. The facility is designed to handle approximately 150 dogs and 100 cats which can be increased depending on space utilization. There are two entrances to the facility, one for animal intake and one for the general public for adoption purposes. There are separate areas for animal observation, quarantine, and adoption areas. Indoor and outdoor "get acquainted" rooms and play areas are available in the adoption area. This facility has a full veterinarian suite, including surgical and recovery room.
- 2.2 The County shall retain ownership of this facility.

3.0 PROPOSAL REQUIREMENTS

- 3.1 **Mandatory Pre-Proposal Conference:** There will be a **Mandatory Pre-Proposal Conference** for Respondents wishing to submit a proposal.
 - 3.1.1 The Mandatory Pre-Proposal Conference will be held at 9:00 AM, CDT on September 1, 2017 at the Regional Animal Shelter, 21001 East Missouri Highway 78, Independence, Missouri 64057.
 - 3.1.2 The Pre-Proposal Conference will start promptly at 9:00 AM. Respondents arriving more than five (5) minutes late will be disqualified.
 - 3.1.3 There will be an opportunity for questions and clarification; and a tour of the facility.
 - 3.1.4 The Request for Proposal package will serve as the Agenda; please bring your copy with you.
 - 3.1.5 There should be one representative per Respondent; one individual representing multiple Respondents will not be allowed.
 - 3.1.6 Failure to attend the Mandatory Pre-Proposal Conference will result in the **REJECTION** of your proposal.
- 3.2 All work performed on any resulting Contract will be performed in the Greater Kansas City Metropolitan Area. If Respondent is not located in the Greater Kansas City Metropolitan Area, documentation must be submitted with your Proposal detailing how the work required herein will be performed. Jackson County, Missouri reserves the right to determine if Respondent's plan to perform the work is acceptable.

4.0 SCOPE OF SERVICES

4.1 Standards and Guidelines:

- 4.1.1 Rules of the Missouri Department of Agriculture for Animal Care Facilities (2 CSR 30-9). Inspection reports by the Missouri Department of Agriculture will be provided to the County within ten business days of receipt.
- 4.1.2 Guidelines for Standards of Care in Animal Shelters, the Association of Shelter Veterinarians (2010).
- 4.1.3 American Veterinary Medical Association Guidelines on Euthanasia (2013 Edition).
- 4.1.4 2016 Compendium of Animal Rabies Prevention and Control developed by the National Association of State and Public Health Veterinarians.

4.2 Administration and Operation of Shelter:

- 4.2.1 The Successful Respondent must follow all Animal Care Facilities Act (ACFA) rules and regulations.
- 4.2.2 The shelter must accept animals at intake by the County designated field staff.
- 4.2.3 The shelter must accept animals and fowl in accordance with County Ordinances.
- 4.2.4 The shelter must accept stray animals from Independence City Officials and Citizens at no additional cost. A fee for owner-surrender animals may be collected.
- 4.2.5 Unaccompanied access to the shelter must be granted to authorized City Animal Services personnel at all times for the purpose of dropping off or checking on impounded animals. Adequate cage space must be guaranteed after normal business hours for use by City/County officials to drop off animals in a designed garage bay.
- 4.2.6 The Successful Respondent shall coordinate the sheltering of all unguated animals delivered by City/County Animal Services or Approved Contractor. Since the Shelter is not equipped to house all of these animals on-site, the Successful Respondent may need to secure and monitor care at an approved offsite facility.
- 4.2.7 All animals taken into the shelter will be tracked in an appropriate shelter management software. This software must be able to communicate with the City's software (Petpoint) in order to share authorized data.

4.3 Staffing:

- 4.3.1 The Successful Respondent will not hire, employ, volunteer, adopt any animal or place any animal with any person who is known to have been charged or convicted of cruelty to animals, aggravated animal cruelty neglect or any other federal, state or local violation relating to treatment of animals.
- 4.3.2 The Successful Respondent must provide adequate staff to operate the shelter. All shelter staff will be employees of the Successful Respondent.
- 4.3.3 The Successful Respondent will be responsible for volunteer management.
- 4.3.4 The Successful Respondent shall outfit its staff in standardized uniforms or staff identification badges that clearly identify each staff member.
- 4.3.5 The Successful Respondent agrees to require its staff and volunteers to conduct themselves in a professional manner providing excellent customer service to the public at all times.
- 4.3.6 The Successful Respondent will handle staff issues promptly.
- 4.3.7 Changes of shelter management position or staffing plan as described in Respondent's proposal, is subject to prior written notification and acceptance by the County.

4.4 Animal Care:

- 4.4.1 The Successful Respondent must provide all medical care to the animals in the shelter, including control of communicable diseases in the shelter.
- 4.4.2 The Successful Respondent must provide all drugs, medical supplies, and animal food.
- 4.4.3 The Successful Respondent must provide adequate housing and food; the shelter shall not be overpopulated.
- 4.4.4 Any injured animals coming into the shelter must be seen by a licensed veterinarian within twenty-four hours.
- 4.4.5 Upon intake, animals must receive the following services if animals are safe to handle:
 - 4.4.5.1 DHLPP
 - 4.4.5.2 Intra-Nasal Bordetella
 - 4.4.5.3 FVRCP
 - 4.4.5.4 De-worming
- 4.4.6 Upon adoption, all animals must receive the following services:
 - 4.4.6.1 Spay/neuter
 - 4.4.6.2 FIV/FELV/HW tests
 - 4.4.6.3 Heartworm tests
 - 4.4.6.4 Rabies vaccinations required by law
 - 4.4.6.5 Micro-chipping:
 - 4.4.6.5.1 Provide identification cards on each kennel/cage and animal collar on each animal;
 - 4.4.6.6 When ownership of an impound animal is confirmed, the Successful Respondent will make every reasonable effort to notify the owner within twenty-four hours of impound.
 - 4.4.6.7 Upon return to owners, all animals must receive the following services:
 - 4.4.6.7.1 Rabies vaccinations required by law to all dogs, cats and ferrets four months and older;
 - 4.4.6.7.2 Micro-chipping

4.5 Public Access:

- 4.5.1 The shelter shall be open to the public for the purpose of adoptions and animal surrenders at times approved by the County.
- 4.5.2 The Successful Respondent agrees to provide proper security of the shelter.
- 4.5.3 The County has an ongoing partnership with the Metropolitan Community Colleges – Blue River Campus. The Successful Respondent agrees to work closely with the Community College to further this partnership and develop ways to work together to benefit the educational program as well as the shelter operations. This shall include access and use of the public meeting room subject to scheduling by the Successful Respondent.

4.6 Adoptions:

- 4.6.1 The Successful Respondent shall determine the adoptability of all animals admitted into the shelter by Animal Control Services or surrendered by the public.
- 4.6.2 The Successful Respondent will provide outreach to find secure homes for all healthy and treatable animals, including active presence on the internet.
- 4.6.3 All animals released for adoption shall be provided all of the services outlined in Section 4.4 herein.

- 4.7 Euthanasia: The intent of the County is to have this shelter as a "no kill" shelter. However, it is understood that from time to time an animal cannot be adopted due to the nature of the illness, injury, or extreme aggressive behavior. As such, the Successful Respondent must agree to the following:
 - 4.7.1 The Successful Respondent shall provide for humane euthanasia, as necessary, for an ill or injured animal subject to the American Veterinary Medical Association Guidelines on Euthanasia.
 - 4.7.2 All euthanasia must be by lethal injection of sodium pentobarbital given by a licensed veterinarian.
 - 4.7.3 The Successful Respondent shall provide for proper incinerator arrangements, to be approved by the County.

- 4.8 Supplies, Materials and Equipment:
 - 4.8.1 The Successful Respondent shall be responsible for providing all supplies, materials and equipment: drugs, medical supplies, animal food, kennel supplies, office supplies and other supplies and materials needed to operate the shelter.
 - 4.8.2 The County has equipped the shelter with some existing equipment including:
 - 4.8.2.1 Commercial grade washer and dryer;
 - 4.8.2.2 Operating tables, etc.
 - 4.8.3 New or additional equipment will be the responsibility of the Successful Respondent.

- 4.9 Maintenance and Operation of the Shelter:
 - 4.9.1 The Successful Respondent must maintain the shelter in a clean and sanitary condition.
 - 4.9.2 The Successful Respondent shall not permit any condition to exist that might create a public nuisance.
 - 4.9.3 The shelter shall comply with the standards set forth in the ACFA.
 - 4.9.4 The Successful Respondent shall assume the responsibility for all improvements and making any modifications. The County must approve improvements, modifications and repairs prior to any work commencing and the Successful Respondent shall obtain a County building permit, if required.
 - 4.9.5 The Successful Respondent is responsible for daily maintenance of the shelter and grounds, in a manner acceptable to the County.
 - 4.9.6 The Successful Respondent is responsible for daily maintenance, repair and replacement of all Surgical Room equipment and other miscellaneous shelter equipment.

- 4.10 Emergency Planning:
 - 4.10.1 The Successful Respondent will demonstrate a commitment to emergency preparedness and provide procedures for shelter evacuation in the event of a disaster.
 - 4.10.2 During and after a disaster, the Successful Respondent will provide emergency sheltering services to the County, if necessary.

- 4.11 Reports and Record Keeping:
 - 4.11.1 Activity and Financial Reports will be submitted to County representatives at the close of each quarter to include the following information:
 - 4.11.1.1 Number of animals taken in by type of animal and type of intake, unincorporated County or otherwise by listed jurisdiction.
 - 4.11.1.2 Number of animals reclaimed by owner by type of animal and location.
 - 4.11.1.3 Number of animals adopted into new homes by type and location.
 - 4.11.1.4 Number of sick/injured animals under treatment and diagnosis.

- 4.11.1.5 Number of animals transferred in/out to other shelters by type.
- 4.11.1.6 Number of animals transferred to rescue groups by type.
- 4.11.1.7 Number of animals euthanized by type and reason for euthanasia and disposition of animals.
- 4.11.1.8 All revenues received and expenditures paid.
- 4.11.1.9 All reports to be received by the County and City within 30 days following quarter end. A quarter will end of March 31, June 30, September 30 and December 31.
- 4.11.2 Audits:
 - 4.11.2.1 The County and City reserve the right to inspect the shelter at any time.
 - 4.11.2.2 The County shall do an annual maintenance inspection, at minimum, to ensure the shelter is being properly maintained.
 - 4.11.2.3 The Successful Respondent agrees to meet with the County and City on a quarterly basis following the submittal of the report.
- 4.12 Local Ordinances:
 - 4.12.1 Successful Respondent agrees to abide by all local breed specific ordinances and restrict adoptions accordingly.
 - 4.12.2 Dangerous Animal Complaint: an animal that has been received into the shelter as a result of a dangerous dog/animal complaint will be held for the proper hold time on behalf of the applicable jurisdiction. The Successful Respondent agrees to work with the proper law enforcement agency on disposition of the compliant In compliance with applicable local ordinances.
- 4.13 Animal Welfare Committee:
 - 4.13.1 The County and City shall establish an Animal Welfare Committee that will be comprised of five member serving for two year terms.
 - 4.13.2 The County Executive shall appoint three members and the City of Independence Mayor shall appoint two members.
 - 4.13.3 This Committee will monitor the performance of the Successful Respondent in accordance with the Scope of Services herein, promote spay and neuter programs for household pets and support educational programs that promote the welfare, and safety of animals
 - 4.13.4 The Successful Respondent agrees to meet with Animal Welfare Committee at least quarterly, or more often as required.
- 4.14 Animal Control Field Services for Unincorporated Area of Jackson County:
 - 4.14.1 Request for Services: all County animal control inquiries and requests for animal control services will be handled by the Successful Respondent on an "on call" basis. No routine patrol will be required. Successful Respondent staff will receive calls from unincorporated County citizens directly or through referrals from the Jackson County Sheriff's Office and the Park Ranger Division of the Parks + Rec Department. The Successful Respondent will be responsible for capture, handling, transportation and sheltering at large, nuisance, confined, sick, injured or vicious animals.
 - 4.14.2 Availability: The Successful Respondent shall provide the designated Animal Control Field Services to Jackson County, Missouri as follows:
 - 4.14.3 Routine services 8:00 AM to 6:00 PM Monday through Friday;
 - 4.14.4 Emergency on-call services as needed after hours and weekends.

- 4.14.5 Law Enforcement Actions: The Sheriff's Office or the Park Rangers Division of the Parks + Rec Department shall be responsible for all enforcement actions related to animal control, including but not limited to:
 - 4.14.5.1 Investigation and enforcement of any cruelty or abandonment cases in the County;
 - 4.14.5.2 Investigation and enforcement of any animal bites;
 - 4.14.5.3 Making a determination of a dangerous animal and implementing an appropriate course of action.
- 4.14.6 Emergencies: Emergencies will be dispatched to the Successful Respondent by the Jackson County Sheriff's Office in the event of an emergency. Emergency calls include animal bites (where skin is broken), extremely aggressive animal, extreme animal abuse with injured animals that cannot otherwise be addressed the next business day.
- 4.14.7 Litigation: The Successful Respondent's staff shall appear in Court in connection with any enforcement action and for all other hearings on animal control matters when notified and/or appropriate.
- 4.14.8 Uniforms: The Successful Respondent shall outfit its staff in standardized uniforms that clearly identify such staff as the Animal Control Division.
- 4.14.9 Rabies Control: The Successful Respondent shall act as the agent of the County in relations to animal bites and rabies testing within the designated area of the County. Such activities shall include but are not limited to investigation of all reported bites and quarantine of biting animals pursuant to Jackson County Public Works, Environmental Health Division guidelines.
- 4.14.10 Shelter Facilities/Equipment/Inventory: The Successful Respondent will be responsible for providing appropriate transportation vehicles for animals as well as for fuel, maintenance and liability insurance for vehicles used for County service. The Successful Respondent will also be responsible for maintaining all field equipment.
- 4.15 General Requirements: The Successful Respondent shall be the designated Animal Control Agent for the County, as part of its duties, the Successful Respondent shall provide the following general administrative and support services:
 - 4.15.1 Administration: The Successful Respondent shall employ, train and supervise all necessary staff to perform Animal Control Services.
 - 4.15.2 Interagency Cooperation: The Successful Respondent shall cooperate with other agencies delivering animal services to the County. It is recognized that other agencies, such as the Missouri Department of Conservation, the Missouri State Department of Agriculture and local law enforcement agencies also have animal control and welfare responsibilities and interests. The Animal Control Division for the Successful Respondent shall be cognizant of such overlapping jurisdiction, shall avoid duplication of services and when appropriate shall provide for the coordination, referral and assistance to and among such agencies.
 - 4.15.3 Staff Training, Policy and Procedure: The Successful Respondent shall train its staff in all pertinent areas including all applicable ordinances and regulations concerning animal care, animal control, techniques for dealing competently and courteously with the general public. The Successful Respondent shall also keep current written policy, procedures and training information to demonstrate the procedures for training staff.

4.16 County and Successful Respondent Responsibilities:

4.16.1 Maintenance of the shelter:

- 4.16.1.1 The County may make inspections of the shelter to assure compliance with the Scope of Services included herein.
- 4.16.1.2 The County will provide existing equipment; such equipment will remain the property of the County. An inventory of equipment will be provided. New or additional equipment will be provided by the Successful Respondent.
- 4.16.1.3 The County shall be responsible for major repairs to the shelter and grounds, and systems and equipment contained therein, including HVAC, plumbing, electrical and major appliances.
- 4.16.1.4 The Successful Respondent shall be responsible for day-to-day maintenance of the shelter and grounds, including janitorial services, replacing light bulbs and filters, and routine grass mowing and landscaping.
- 4.16.1.5 In the event of a significant snowfall (more than 1 inch accumulation), the County shall be responsible for snow plowing and removal of snow from entrance roads, parking lots and sidewalks. In the event of light snowfall, the Successful Respondent shall be responsible for any desired snow or ice removal.
- 4.16.1.6 The County shall reimburse the Successful Respondent for its utility charges at the shelter. Utilities shall include electricity, natural gas, water, sewer, storm water runoff and local telephone service. Utilities shall not include long distance telephone, cable television, internet or any other service. The County's reimbursement obligation under this paragraph for the calendar year of 2018 shall not exceed \$130,000.00. Thereafter, annual caps for utility charges to be reimbursed by the County are subject to negotiation.

4.16.2 Emergency Planning: The County will provide leadership in disaster planning in cooperation with the County's Emergency Preparedness and Management Department.

4.16.3 Communications: The County will make itself available as needed for ongoing communications with the Successful Respondent.

4.16.4 Technology Services:

- 4.16.4.1 The County will provide access and maintain to the County phone system at the shelter.
- 4.16.4.2 The County will provide an alarm system, however, the Successful Respondent shall be responsible for responding to alarms to ensure the shelter is secure as needed.
- 4.16.4.3 The Successful Respondent shall be responsible for providing internet connectivity as well as internet networking requirements of their computer system.

4.16.5 Name of Shelter:

- 4.16.3.1 The shelter was constructed with public funding and as such, shall remain the Regional Animal Shelter of Jackson County, Missouri.
- 4.16.3.2. The Successful Respondent may seek sponsors and supporters with opportunities for "naming rights" for rooms, play areas, benches, trees, etc. for the purpose of funding raising opportunities subject to the approval of the County.

4.17 Revenue:

- 4.17.1 The Successful Respondent shall agree to provide sheltering and field services to the County at no cost for all animals picked up by the Animal Control Field Services in the unincorporated areas of the County. Additionally, sheltering and/or field services shall be provided at no cost to jurisdictions that contract directly with the County.
- 4.17.2 The Successful Respondent may enter into agreements directly with other jurisdictions for "the purpose of providing sheltering and/or field services housed in the Regional Animal Shelter of Jackson County, Missouri".
- 4.17.3 The Successful Respondent may charge a surrender fee for owner-surrenders, not for stray animal drop offs. For surrenders from persons in the unincorporated areas of the County, the City of Independence, or in the event of a specific agreement is reached with other jurisdictions, this surrender fee may be voluntary.
- 4.17.4 The Successful Respondent may charge an adoption fee to fund its operations, as appropriate with County approval of the fee structure.
- 4.17.5 The Successful Respondent may offer low-cost spay/neuter services, not veterinary services.
- 4.17.6 The Successful Respondent may operate a store to sell various animal related products to fund its operations.
- 4.17.7 The Successful Respondent may seek grants, sponsorships, and other donations as appropriate.
- 4.17.8 The Successful Respondent can anticipate an annual appropriation of \$515,000. From the City of Independence for operations with the consideration for adjustment tied to inflation.

5.0 AWARD REQUIREMENTS

5.1 Minimum Qualification Requirements:

- 5.1.1 Successful Respondent shall have a minimum of five years of recent Animal Shelter operations experience and shall provide a general manager with at least five years management experience in an Animal Shelter.
- 5.1.2 Successful Respondent shall have successfully operated to the standards described in this Request for Proposal within the past five years.

- 5.2 Certificate of Insurance: The Successful Respondent will be required to submit to the Purchasing Department a Certificate of Insurance meeting or exceeding the provisions of Exhibit A included herein within ten business days after receiving Notification of Award. The Certificate of Insurance must be received by the County prior to the commencement of any work on any resulting contract.

- 5.3 Compliance with Chapter 6 of the Jackson County Code for Minority, Women and Veteran Business Enterprise utilization will be required on any resulting contract.
- 5.4 Performance and Materials Payment Bond: The Successful Respondent shall be required to submit to the County's Purchasing Department a Performance Bond and Labor and Materials Bond in the amount of \$250,000.00 within ten business days after receiving Notification of Award. The bond must be in a form acceptable to the Director of Finance and Purchasing for Jackson County, Missouri, executed by a Surety Company authorized to do business in the State of Missouri and listed in the Federal Register. Bonds must be received by the County prior to the commencement of any work on any resulting contract.
- 5.5 Licenses and Permits: The Successful Respondent shall provide a copy of current Business Licenses to the Purchasing Department to be kept as part of the Request for Proposal file as part of the permanent records and shall secure all permits required by cities where the contract is being performed.

6.0 PROPOSAL FORMAT

- 6.1 Respondent's proposal shall be an original plus five copies.
- 6.2 All proposals and copies shall be double sided and minimize the use of binders and plastic covers. Binder clips are the preferred way to separate copies.
- 6.3 Proposals and copies shall be in an opaque envelope or box with this Request for Proposal name and number and the Respondent's name and address on the front.
- 6.4 Request for Proposal Response Deadline and Delivery Instructions are on Page 1 of this Request for Proposal.
- 6.5 Expenses and cost incurred in preparation of proposals in response to this Request for Proposal are the sole responsibility of the Respondent and shall not be reimbursed by Jackson County, Missouri.
- 6.6 All proposals received in response to this Request for Proposal become the property of Jackson County, Missouri and will not be returned.
- 6.7 To facilitate the evaluation of proposals, proposals and copies shall be organized in the following manner:
 - 6.7.1 Cover Letter, to include the following information:
 - 6.7.1.1 Respondent's Name
 - 6.7.1.2 Respondent's Address
 - 6.7.1.3 Respondent's Telephone Number
 - 6.7.1.4 Contact Person's Name
 - 6.7.1.5 Contact Person's Title
 - 6.7.1.6 Contact Person's Telephone Number
 - 6.7.1.7 Contact Person's Email Address
 - 6.7.2 All forms contained in the Request for Proposal, filled out, signed and notarized where necessary.

See Exhibit E for responses
for items 6.7.3 through 6.7.9

- 6.7.3 The remainder of the Request for Proposal package.
- 6.7.4 Executive Summary:
 - 6.7.4.1 Respondent's Profile and Legal Structure
 - 6.7.4.1.1 Brief History of Respondent's
 - 6.7.4.1.2 List of all services provided by Respondent
 - 6.7.4.1.3 Total number of staff including the total number of staff that will be specifically dedicated to this Shelter.
 - 6.7.4.1.4 Type of ownership, or legal structure of the Respondent's organization.
 - 6.7.4.1.5 Proof of financial capacity to perform this contract such as audited financial statements, bonding capacity, business plan for this Shelter.
 - 6.7.4.1.6 Has the Respondent's organization ever failed to complete work for which a contract was issued? If yes, please explain.
 - 6.7.4.1.7 Are there any civil or criminal actions pending against the Respondent's organization or any key staff related in any way to contracting? If yes, please explain.
 - 6.7.4.1.8 Are there any unresolved disputes or allegations pending against the Respondent's organization or any key staff? If yes, please explain.
 - 6.7.4.1.9 Has Respondent's organization ever been disqualified from working for any public entity? If yes, please explain.
 - 6.7.4.1.10 Describe the Respondent's funding strategy.
 - 6.7.4.1.11 Describe Respondent's resources that will sustain business.
- 6.7.5 Experience and References:
 - 6.7.5.1 Describe Respondent's organization experience related to the most comparable operation as proposed herein during the last five years.
 - 6.7.5.2 Provide references for similar projects with animal welfare associations during the past five years.
 - 6.7.5.3 Provide information on any public contracts for which Respondent's organization has contracted in the past five years.
 - 6.7.5.4 Describe Respondent's ability to obtain grants and private donations in support of Respondent's organization.
- 6.7.6 Staffing:
 - 6.7.6.1 Provide information regarding key staff proposed for this project, including a staffing plan.
 - 6.7.6.2 For key staff, including Shelter Manager, please provide a resume outlining experience.
 - 6.7.6.3 Please explain Respondent's approach to staffing.
 - 6.7.6.4 Please provide a proposed outline an Organizational Chart for the Regional Animal Shelter.
 - 6.7.6.5 Explain how Respondent utilizes volunteers in their operation.
 - 6.7.6.6 How will the Respondent handle vacation, sick leave, or other absences, including the loss of key staff to ensure operations are not disrupted.
- 6.7.7 Project Approach:
 - 6.7.7.1 Discuss Respondent's understanding of the Scope of Services.
 - 6.7.7.2 Highlight unique services and indicate the benefits of services to the County. What makes Respondent's organization the best choice for the County.
 - 6.7.7.3 Outline a Projected Implementation/Time Line Plan including staff, equipment, etc. for the Shelter to be fully operational.

- 6.7.7.4 Propose additional performance measures including why the performance measure is important and how the Respondent will measure success.
- 6.7.7.5 Include information as to how Respondent will incorporate public outreach programs, off site adoption efforts, coordination with rescue groups, other shelters and the general public to gain support for the organization.
- 6.7.7.6 Include the Respondent's plan for long term sustainability of the shelter operation.
- 6.7.8 Management Fees:
 - 6.7.8.1 Respondent shall include the completed Fee Schedule, page 24 of this Request for Proposal.
 - 6.7.8.2 Fee Schedule shall be in a separate sealed envelope within the ORIGINAL proposal package; copies should not have the Fee Schedule.
- 6.7.9 Failure to provide this information, organized in this manner and with the appropriate amount of copies, may be grounds for the REJECTION OF YOUR PROPOSAL, or a reduction of Evaluation Criteria.

7.0 EVALUATION CRITERIA

- 7.1 All proposals received that are responsive to the General Conditions, Scope of Services, and other provisions of this Request for Proposal will be evaluated.
- 7.2 Any Evaluation Criteria or weighing of criteria is used by the County as a tool to assist the County in selecting the best proposal for the County. Evaluation scores or rank alone do not create a right or expectation to a Contract with the County. Ultimately, the County may contract with any Respondent, regardless of score or rank.
- 7.3 The County may change criteria and criteria weights at any time including after the Response Deadline.
- 7.4 Compliance with Chapter 6 of the Jackson County Code for MBE/WBE/VBE utilization will be required on any resulting contract for this Request for Proposal.
- 7.5 An Evaluation Committee made up of County staff, at its sole discretion, may interview none, one or all of the Respondents. A Questions and Answer Conference may be conducted with Respondents, if deemed necessary. In addition, Respondent may be asked to make an oral presentation during the Conference. Attendance costs shall be at the Respondent's own expense.
- 7.6 The County' Evaluation Committee will evaluate all responses and make recommendations. Jackson County, Missouri shall be the sole judge of the proposals submitted for this Request for Proposal and its decision shall be final.
- 7.7 The Evaluation Committee will consider various factors when evaluated the proposals:
 - 7.7.1 Qualifications and Experience 40%
 - 7.7.2 Staff Experience 20%
 - 7.7.3 Project Approach 20%
 - 7.7.4 Pricing 20%

8.0 CONTRACT NEGOTIATIONS

- 8.1 Upon selection of the successful proposal, a Contract incorporating the General Conditions, Scope of Services and other provisions of the Request for Proposal and acceptable to both parties will be prepared and executed by both parties. Should the parties, within a reasonable time frame, as determined by Jackson County, Missouri, fail to develop and execute a mutually agreeable Contract, and upon a three business day written notification to the selected Respondent, the County may reject the proposal and proceed to award the Contract to the next "best" respondent.
- 8.2 Pursuant to Section 610.021 RSMo, proposals and related documents shall not be available for public review until a Contract has been awarded or all proposals are rejected.
- 8.3 In no event shall any of the following information be considered confidential or exempt from the Missouri Sunshine Law:
- 8.3.1 Respondent's entire bid;
 - 8.3.2 Respondent's pricing;
 - 8.3.3 Respondent's experience information including references;
 - 8.3.4 Respondent's product specifications unless specifications disclose scientific and technological innovations in which owner has a proprietary interest. Respondent shall submit a detailed explanation to support any claim of proprietary scientific or technological innovation in product specifications.
- 8.4 Proprietary Information: Should the Respondent wish to submit proprietary information, it should be included with the submitted proposal in a sealed opaque envelope clearly marked with the words "**CONFIDENTIAL – PROPRIETARY INFORMATION**". The County will take all reasonable efforts to insure the confidentiality of the information is maintained. Such information will be returned to the unsuccessful respondents following the execution of the Contract by the Successful Respondent. Such information submitted by the Successful Respondent will be returned upon completion or termination of the Contract. The Respondent's failure to follow this instruction shall relieve the County of any obligation to preserve the confidentiality of the documents.
- 8.5 The County does not generally use standard contract forms which may be provided by the Respondent. The contract documents used by the County will include both the Request for Proposal and the Respondent's proposal. In the event that conflicts in language exist between the Request for Proposal and the Respondent's proposal, the provisions of the Request for Proposal shall govern.
- 8.6 The Respondent shall list any and all exceptions as instructed under General Conditions, Item Number Four of this Request for Proposal. Please note that the Respondent's proposal is subject to Rejection if exceptions are taken to the Request for Proposal's General Conditions, Forms or Insurance Requirements.
- 8.7 Respondent must agree to the following standard provisions:
- 8.7.1 Indemnification: Respondent agrees, to the fullest extent permitted by law, to indemnify and hold the County harmless from damages and losses arising from the negligent acts, errors or omission of the Respondent in the performance of work under this Contract, to the extent that Respondent is responsible for such damages and losses on a comparative basis of fault and responsibility between Respondent and the County.

Respondent is not obligated to indemnify the County for the County's own negligence. Respondent's obligations under this section shall be limited to the coverage and limits of insurance that Respondent is required to procure and maintain under Contract. Insurance shall be procured and maintained by Respondent as described in Exhibit A of this Request for Proposal. Respondent shall file a Certificate of Insurance with the Jackson County, Missouri Purchasing Department in the form described in Exhibit A within the time limit also described in the Exhibit.

- 8.7.2 Independent Contractor: Respondent acknowledges and agrees that all County information and records are confidential and will not be disclosed or made available to anyone outside the County organization unless authorized by the County to do so in writing.
- 8.7.3 Complete Agreement: Parties agree that the Contract together with Jackson County, Missouri Request for Proposal No. 54-17 and the Respondent's response thereto constitute the complete and exclusive agreement between parties which supersedes all prior understandings or agreements, oral or written, and all other communications between parties relating to the subject matter of this Contract.
- 8.7.4 Notices: Any notice which either party shall be required by this Contract to give the other shall be in writing and delivered by mail addressed to the respective parties as follows, or to such other addresses, as the representative parties may designate from time to time:

County: Jackson County, Missouri
415 East 12th Street, Room 105
Kansas City, Missouri 64106

Respondent: Great Plains SPCA
Attn: Janette Levy, CFO
5428 Antioch Drive
Merriam, KS 66202

9.0 QUESTIONS

- 9.1 All questions regarding this Request for Proposal must be in writing and emailed as detailed under General Conditions, Item Number Five of this Request for Proposal by 5:00 PM, CDT on September 5, 2017.
- 9.2 Point of Contact for this Request for Proposal is Barbara Casamento, email address is bcasamento@jacksongov.org.
- 9.3 All questions will be answered and published on the County's website in the form of Addendum.
- 9.4 Respondents must check for Addenda prior to submitting their proposal.
- 9.5 Respondents and their agents (including subcontractors, employees, consultants or anyone else action on their behalf) must follow this procedure.
- 9.6 Respondents and their agents may not contact any other County staff regarding the matters covered by this Request for Proposal during the solicitation and evaluation process.

9.7 Inappropriate contacts are grounds for Rejection of Respondent's proposal.

10.0 FEE SCHEDULE SEE EXHIBIT G

10.1 Successful Respondent will be required to provide all services required in the Scope of Services, furnishing labor, materials, tools and expendable equipment necessary to operate the Shelter in a safe, sanitary and efficient manner.

10.2 It is understood that the County will not be paying any fees for field services provided to the County in the unincorporated area, and sheltering of animals obtained through the field services. This service will be provided to the County at no expense in exchange for use of the building. As such, no rent will be charged to the Successful Respondent.

10.3 Please indicate that Respondent understands the "No Cost" provision for the County for Sheltering Services: (initial).

10.4 Successful Respondent agrees to provide all services in the Scope of Services for the Management and Operation of the Shelter for the Annual Fee as follows:

2018	\$
2019	\$
2020	\$
2021	\$
2022	\$

Please See Exhibit G

JACKSON COUNTY, MISSOURI
CONTRACTOR UTILIZATION PLAN

Request for Proposal Number: 54-17
Request for Proposal Title: Management and Operation of Regional Animal Shelter
Contracting Department: County Executive's Office
Respondent: _____

I, _____, of lawful age and upon my oath state as follows:

1. This Affidavit is made for the purpose of complying with the provisions of the MBE/WBE/VBE submittal requirements on the above Request for Proposal and the MBE/WBE/VBE Program and is given on behalf of the Respondent listed above. It sets out the Respondent's plan to utilize MBE, WBE and/or VBE prime and subcontractors on the Proposal.
2. The goals set by Jackson County, Missouri are: 0 % MBE 0 % WBE 0 % VBE. Respondent stipulates that it will utilize a minimum of the following percentages of MBE/WBE/VBE participation in the above bid:

Respondent Participation: _____ % MBE _____ % WBE _____ % VBE

Total MBE Contract Value: \$ _____

Total WBE Contract Value: \$ _____

Total VBE Contract Value: \$ _____

Total DBE Contract Value: \$ _____
(if applicable)

Total Contract Value: \$ _____

3. The following are the MBE/WBE/VBE Contractors to be utilized on the above named bid. Bidder maintains that it either has a formal contract or a conditional contract contingent upon approval of Jackson County's acceptance of proposal with the named firms below. If there are no DBE goals on the bid, all intended utilization must come from MBE, WBE or VBE firms. If Respondent is a certified MBE, WBE or VBE, please list itself in the appropriate area.

No.	Description	Bidder Response:
a.	MBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized	
	Contract Value:	
b.	MBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value:	
c.	MBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value:	
d.	MBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value:	
e.	MBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value:	

f.	WBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value:	
g.	WBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value:	
h.	WBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value:	
i.	WBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value:	
j.	WBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date	
	Address (include County)	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
	Contract Value	

k.	VBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
Contract Value:		
l.	VBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
Contract Value:		
m.	VBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
Contract Value:		
n.	VBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
Contract Value:		
o.	VBE Firm/DBA (if applicable):	
	Certifying Agency and Expiration Date:	
	Address (include County):	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Scopes of Work Utilized:	
Contract Value:		

Respondent acknowledges that it is responsible for considering the effect that any change order and/or amendments changing the total contract amount may have on its ability to meet or exceed the Respondent participation. Respondent further acknowledges that it is responsible for submitting a Request for Modification or Substitution if it will be unable to meet or exceed the approved participation.

If Respondent has not achieved the MBE/WBE/VBE goal(s) set forth for this Proposal, Respondent hereby requests a waiver or modification of the MBE, WBE and/or VBE goal(s) that the Respondent has failed to achieve. Respondent has attached to this Contractor Utilization Plan documentation of its Good Faith Efforts to achieve the MBE/WBE/VBE Contract Goals, including a narrative summary detailing these efforts and the reasons these efforts were unsuccessful. Examples of Good Faith Efforts may be found in section 645. of the Jackson County Code, available at the following link: [http://www.jacksongov.org/DocumentCenter/Home/view/304.](http://www.jacksongov.org/DocumentCenter/Home/view/304)”

I hereby certify that I am authorized to make this Affidavit on behalf of the Respondent named below and who shall abide by the terms set forth herein:

Respondent Primary Contact: Nate Meador

Title: President & CEO

Date: 9/8/2017

Subscribed and sworn to before me this 8th day of September, 2017

My Commission Expires: 3/24/19

Kathy S Lowery
Notary Public



For questions on this form please contact:

Tom Wyrsh
Director of Compliance Review Office
816-881-3302
twyrsh@jacksongov.org



Exhibit H

CERTIFICATE OF LIABILITY INSURANCE

7/1/2018

DATE (MM/DD/YYYY)

9/6/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LOCKTON COMPANIES 444 W. 47TH STREET, SUITE 900 KANSAS CITY MO 64112-1906 (816) 960-9000	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Citizens Insurance Company of America		31534
INSURER B: Allmerica Financial Benefit Insurance Co		41840
INSURER C: _____		
INSURER D: _____		
INSURER E: _____		
INSURER F: _____		

INSURED
 1386253 GREAT PLAINS SPCA
 5428 ANTIOCH DRIVE
 MERRIAM KS 66202

COVERAGES **CERTIFICATE NUMBER:** 14933854 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y	N	OBKA674538	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	AWAKA674553	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	OBKA674538	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	Business Personal Property	N	N	OBKA674538	7/1/2017	7/1/2018	Limit: \$1,433,348

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 JACKSON COUNTY PROPOSAL NO. 54-17. JACKSON COUNTY MISSOURI AND ITS AGENCIES, OFFICIALS, OFFICERS AND EMPLOYEES, WHILE ACTING WITHIN THE SCOPE OF THEIR AUTHORITY, ARE ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY AND AUTO LIABILITY COVERAGE, ONLY AS REQUIRED BY WRITTEN CONTRACT, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.


CERTIFICATE HOLDER 14933854 JACKSON COUNTY, MISSOURI	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

EXHIBIT A, INSURANCE

Contractor shall procure and maintain in effect throughout this duration of the contract insurance coverages not less than the types and amounts specified in this section. If due to the nature of the goods and/or services provided by the contractor are such that they may be excluded from coverage listed below, an addendum shall be made to the contract requesting coverage and limits required (Professional Liability, Work on bodies of water, Garage or tow services, Liquor liability are some examples).

All subcontractors of the contractor are required to carry the same coverages and limits as the contractor. All Liability policies required are to be written on an "occurrence" basis unless an agreement, in writing, is made with Jackson County.

1. COMMERCIAL GENERAL LIABILITY

Commercial General Liability Insurance: with limits of not less than \$1,000,000 per occurrence and \$2,000,000 Annual Aggregate (both General and Products-Completed Operations). Aggregate shall be on a "per project" basis where more than one project is to be performed by the contractor under this contract. Policy shall include Severability of Interests coverage applying to Additional Insureds and also include Contractual Liability with no limitation endorsements. Policy shall include \$100,000 limit each occurrence for Damage to Rented Premises, \$1,000,000 limit each occurrence for Personal & Advertising injury liability, \$5,000 Medical Expense (any one person), and Employee Benefits Liability coverage with a \$1,000,000 limit.

2. COMMERCIAL AUTOMOBILE LIABILITY

Commercial Automobile Liability Insurance: with a limit not less than \$1,000,000 Combined Single Limit for Bodily Injury and Property Damage Limit (each accident), covering owned, hired, borrowed, and non-owned vehicles. Coverage shall be provided on a "any auto" basis and be on a Commercial Business Auto form, or acceptable equivalent, and will protect against claims arising out of the operation of motor vehicles in connection with this contract.

3. WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE

Contractor shall provide coverage for Workers Compensation and Employers Liability for all claims by employees of the contractor or by anyone for whose acts it may be liable under the statutes of the State of Missouri with limits of:

-Workers Compensation	Statutory
-Employers Liability	\$500,000 each accident
	\$500,000 Disease-each employee
	\$500,000 Disease-Policy limit

4. EXCESS/UMBRELLA LIABILITY COVERAGE

Contractor shall provide Excess/Umbrella liability, on an occurrence basis, with \$10,000 Retention, to provide coverage limits over all liability coverages listed above, at a limit not less than \$1,000,000 each occurrence and \$1,000,000 Aggregate.

5. ADDITIONAL INSURED & CERTIFICATE OF INSURANCE

The Commercial General and Automobile Liability Insurance specified above shall provide that Jackson County Missouri and its agencies, officials, officers, and employees, while acting within the scope of their authority, will be named as additional insured for the services performed under this contract.

A Certificate of Insurance shall be filed with the County's Director of Finance and Purchasing within 10 calendar days of the date when requested or before commencement of the work that are acceptable to the Director that the insurance requirements have been satisfied. Should any of the required insurances be cancelled before the expiration date, a notice shall be filed with the County's Director of Finance and Purchasing in accordance with policy provisions. In the case of multi-year, renewable, or extended term on the contract; Contractor must supply the Director with current Certificate(s) on any coverage mentioned above within Thirty (30) days prior to the expiration date of coverage(s). The Director of Finance and Purchasing may request copies of the Contractor's insurance policies for verification of coverage(s).

6. QUALIFICATIONS INSURANCE CARRIERS

All insurance coverage must be written by companies that have an A. M. Best's rating of "B+ V" or better or Lloyd's of London, and are licensed and approved by the State of Missouri to do business in Missouri.

7. FAILURE TO MAINTAIN INSURANCE COVERAGE

Regardless of any approval by Jackson County, it is the responsibility of the contractor to maintain the required insurance coverage in force at all times; its failure to do so will not relieve it of any contractual obligation or responsibility. In the event of Contractor's failure to maintain the required insurance in effect, Jackson County may order Contractor to stop work immediately and, upon 10 days' notice and an opportunity to cure, may pursue its remedies for breach of this contract as provided for herein and by law.



Jackson County, Mo
Certificate of Compliance

Issued To:
Great Plains SPCA

Whose Affirmative Action Plan has been approved and found to be in compliance Chapter 6 Jackson County Code which prohibits discriminatory employment practices and promotes equal employment opportunity by contractors doing business with Jackson County.

this certificate is effective for a twelve (12) month period following its date of execution.

Executed this 1st day of January, 2017.


COMPLIANCE REVIEW OFFICER
JACKSON COUNTY, MISSOURI

Certificate ID: 170131132153V2114

COUNTY LEGISLATURE
JACKSON COUNTY, MISSOURI

OFFICE OF COMPLIANCE REVIEW

Tom Wyrch, Director
cro@JacksonGov.org
(816)881-3302
(816)881-1223 Fax

Jackson County Courthouse
415 E. 12th Street, 2nd Floor
Kansas City, Missouri 64106
www.JacksonGov.org

Great Plains SPCA
5428 Antioch Drive
Merriam, KS 66202

Enclosed is your certificate of compliance certifying that you have met the program submission requirement of this office that was established according to Chapter 6, Jackson County. this certificate is valid from January 1, to December 31, 2017.

In order to maintain compliance status you must send a copy of your Affirmative Action Program within 7 days.

Enclosed is one set of compliance report forms. Your submission is as follows:

Report Due: December 31, 2017

When you bid on future contracts, you must submit a copy of your Certificate of Compliance with each bid.

thank you for your cooperation and I am looking forward to a good working relationship with Great Plains SPCA in implementing your Affirmative Action Program. Please do not hesitate to call me at 816-881-3302 if you have any questions."

Certificate Issued: January 1, 2017


COMPLIANCE REVIEW OFFICER
JACKSON COUNTY, MISSOURI

Enclosure: Certificate / CRO Form

Harry S. Truman Presiding Judge 1927 - 1934

Jackson County, Mo.
Vendors Compliance Reporting Submission System

Thank you. A Compliance Review Report has been submitted for your company and will be reviewed by the Compliance Review Officer.

Report Confirmation Code: 170131132153V2114

1. Company Description

Company Name	Great Plains SPCA
Street Address	5428 Antioch Drive
City	Merriam
State	KS
Zip Code	66202
Business Representative	
First Name	Nate
Middle Name	
Last Name	Meador
Title	Chief Development & Marketing Officer
Phone	(913) 808-3286
E-mail	nmeador@greatplainssPCA.org

2. Company Statistics

A. Total number of employees	120
B. Enter below the total number of employees who are:	
1. Women	98
2. Hispanic	2
3. Black	1
4. Asian	0
5. American Indian	0
6. Other	1
Employment Statistics were obtained from:	Available Employment

3 - 7. Advertising, Recruiting and training

3. Has your company advertised for applicants since your last report? NA

If so, please forward a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement.

4. Has there been any effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program? NA

If so, please forward a detailed report of such efforts.

5. Have there been any adjustments in your job prerequisites or your recruiting and hiring procedures? No

If so, please forward a narrative describing the adjustments.

6. Has any effort been made since your last report in disseminating your policy to all employees or in encouraging them to refer minority or female applicants? No

If so, please forward a narrative of such efforts

7. Will you be forwarding any other comments or concerns which you would like to have reviewed as part of determining compliance with your programs. No

8. Do you intend to submit an MBE \ WBE sub-contractor Report No

this Vendor Compliance Report Submission was prepared by:

First Name	Meador
Last Name	Nate
Title	Chief Development & Marketing Officer

Forward all supporting documents and reports to:
Tom Wyrsh
Contract Compliance Review Director
415 East 12th Street - 2nd Floor
Kansas City, Missouri 64106
EMAIL: cro@jacksongov.org
FAX: (816)-881-1223

City of Independence, Missouri Business License

Effective Date: 4/30/2017 Expiration Date: 4/30/2018 Account #: 89019 2 License #: 39904

Licensed Business:

GREAT PLAINS SPCA
21001 E M 78 HWY
INDEPENDENCE MO 64057 0000

Business Type: ANIMAL HUMANE SERVICES/SHELTER

Licensed Business Ownership:

GREAT PLAINS SPCA
5428 ANTIOCH DR
MERRIAM KS 66202



JANETTE LEVY
GREAT PLAINS SPCA
5428 ANTIOCH DR
MERRIAM KS 66202

Business will operate in conformity and subject to Ordinances of the City of Independence, Missouri and the Statutes of the State of Missouri.

Terry A. Hartwig
Business License Manager

Exhibit B-2

TAXATION DIVISION
P.O. BOX 3666
JEFFERSON CITY, MO 65105-3666



STATE OF MISSOURI
Department of Revenue
Telephone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

GREAT PLAINS SPCA
GREAT PLAINS SPCA
5428 ANTIOCH DR
MERRIAM, KS 662021020

DATE: March 30, 2017
MISSOURI TAX ID NUMBER:
21833486
Independence

CERTIFICATE OF NO TAX DUE

To Whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all sales or withholding tax due, including penalties and interest, or does not owe any sales and withholding tax, according to the records of the Missouri Department of Revenue as of March 29, 2017. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and does not limit the authority of the Director of Revenue to assess, and/or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Missouri Department of Revenue as a result of audit, review of the taxpayer's records, or determination of successor liability.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

DIRECTOR OF REVENUE OR DELEGATE
STATE OF MISSOURI

BY:

Esta Zaring
Administrator, Business Tax

Exhibit C-1

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015
Open to Public Inspection

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.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **GREAT PLAINS SPCA CRUELTY TO ANIMALS**
 Doing business as **F/K/A HEARTLAND SPCA**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5428 ANTIOCH ROAD
 City or town, state or province, country, and ZIP or foreign postal code
MERRIAM, KS 66202
F Name and address of principal officer: **COURTNEY THOMAS SAME AS C ABOVE**

D Employer identification number: **05-0552529**

E Telephone number: **913-742-7330**

G Gross receipts \$ **7,325,558.**

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)

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

J Website: **WWW.GREATPLAINSSPCA.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2003** **M** State of legal domicile: **MO**

H(c) Group exemption number

Part I Summary				
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	266	
	6	Total number of volunteers (estimate if necessary)	750	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	3,563,003.
9		Program service revenue (Part VIII, line 2g)	1,943,083.	1,727,183.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107.	269.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	554,842.	520,989.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,061,035.	6,882,186.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	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)	3,721,744.	4,461,694.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	644,347.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,063,100.	2,338,352.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,784,844.	6,800,046.	
19	Revenue less expenses. Subtract line 18 from line 12	276,191.	82,140.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,153,890.	End of Year 1,701,334.
	21	Total liabilities (Part X, line 26)	363,821.	829,125.
	22	Net assets or fund balances. Subtract line 21 from line 20	790,069.	872,209.

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.

Sign Here

Signature of officer: **JANETTE LEVY, CFO**
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **KIMBERLY ANN RYAN** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00829977**
 Firm's name: **RUBINBROWN LLP** Firm's EIN: **43-0765316**
 Firm's address: **10975 GRANDVIEW DR SUITE 600 OVERLAND PARK, KS 66210** Phone no. **913-491-4144**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO DRIVE CHANGE IN OUR COMMUNITY THROUGH INNOVATIVE PROGRAMS THAT PROMOTE ADOPTION, OUTREACH, VETERINARY CARE, AND A BETTER LIFE FOR PETS AND THE PEOPLE WHO LOVE THEM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 \$ 3,732,435. including grants of \$) (Revenue \$ 597,927.)
ADOPTION AND LOST PET CENTER: PROVIDES ADOPTION SERVICES, LOST/RETRIEVAL SERVICES, BEHAVIORAL TRAINING, FOSTER AND NO-KILL SHELTER CARE FOR CATS, DOGS AND SMALL DOMESTICATED ANIMALS FOR THE GREATER KANSAS CITY REGION.

4b (Code:) (Expenses \$ 1,725,441. including grants of \$) (Revenue \$ 1,124,734.)
SPAY/NEUTER AND VET WELLNESS CLINIC, INCLUDING THE FERAL CAT PROGRAM: PROVIDES LOW COST SPAY/NEUTER SERVICES AND VET CARE TO LOW INCOME OWNERS AND FREE ROAMING CATS.

4c (Code:) (Expenses \$ 78,457. including grants of \$) (Revenue \$ 614.)
HERO PROGRAM (PREVIOUSLY PET UPLIFT PROGRAM): FOCUS OF THE PROGRAM IS TO WORK IN THE INNER CITY NEIGHBORHOODS WITH THE MOST ECONOMICALLY DISADVANTAGED PET OWNERS TO HELP EDUCATE THEM ABOUT APPROPRIATE PET OWNERSHIP AND ASSIST THEM WITH IMPROVING THE LEVEL OF CARE THEY PROVIDE THEIR PETS. EFFORTS INVOLVE PROVIDING FOOD, SHELTER AND OTHER RESOURCES AS WELL AS TRANSPORTATION FOR SPAY/NEUTER APPOINTMENTS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 101,045. including grants of \$) (Revenue \$ 3,908.)

4e Total program service expenses **5,637,378.**

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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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	X	
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>		X
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>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?		X
<i>If "Yes," complete Schedule N, Part I</i>		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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		

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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	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	9		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	266		
2b	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
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	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.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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 1a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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, affiliates, and branches 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 all members of its governing body before filing the form?	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 ► NONE
- 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: ► JANETTE LEVY - 913-742-7330
5428 ANTIOCH ROAD, MERRIAM, KS 66202

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) MS. JANET CURRAN BOARD MEMBER (THRU 6/15)	1.00	X						0.	0.	0.
(2) MS. JAMI PRYOR VICE-CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(3) MS. JODDE LANNING BOARD MEMBER (THRU 6/15)	1.00	X						0.	0.	0.
(4) MR. CHUCK LAUE CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
(5) MS. JENNIFER LAUE BOARD MEMBER	1.00	X						0.	0.	0.
(6) MS. LINDA NICHOLSON BOARD MEMBER	1.00	X						0.	0.	0.
(7) MR. JOHN RITTER BOARD MEMBER	1.00	X						0.	0.	0.
(8) MS. PAM SCOTT BOARD MEMBER	1.00	X						0.	0.	0.
(9) MR. KEVIN WESTROPE BOARD MEMBER	1.00	X						0.	0.	0.
(10) MR. TOM RENSENHOUSE TREASURER	1.00	X		X				0.	0.	0.
(11) MR. DAN THOMPSON SECRETARY	1.00	X		X				0.	0.	0.
(12) MS. SHELLEY ELSBERRY BOARD MEMBER	1.00	X						0.	0.	0.
(13) MS. SUZANNE SHANK BOARD MEMBER	1.00	X						0.	0.	0.
(14) MS. COURTNEY THOMAS CEO/PRESIDENT	50.00			X				134,282.	0.	0.
(15) MR. MICHAEL MAJOR CFO (THRU 8/3/15)	40.00			X				52,042.	0.	3,755.
(16) MS. JANETTE LEVY CFO	50.00			X				32,830.	0.	3,755.
(17) MS. KELLY CHAMBERLAIN COO/VICE PRESIDENT	50.00			X				50,504.	0.	3,755.

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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				
	b Membership dues	1b				
	c Fundraising events	1c	117,875.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	831,242.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,684,628.			
	g Noncash contributions included in lines 1a-1f. \$		79,634.			
	h Total. Add lines 1a-1f		4,633,745.			
	Program Service Revenue	2 a SPAY/NEUTER AND VET WE	Business Code 900099	1,124,734.	1,124,734.	
		b ADOPTION AND LOST PET	900099	597,927.	597,927.	
c OPERATION FURBALL		900099	3,908.	3,908.		
d HERO PROGRAM		900099	614.	614.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,727,183.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		269.		269.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 117,875. of contributions reported on line 1c). See Part IV, line 18	a	421,870.			
	b Less: direct expenses	b	187,069.			
c Net income or (loss) from fundraising events		234,801.		234,801.		
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	533,071.				
	b Less: cost of goods sold	b	256,303.			
	c Net income or (loss) from sales of inventory		276,768.	276,768.		
Miscellaneous Revenue		Business Code				
11 a OTHER OPERATING REVENUE	900099	9,420.	9,420.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		9,420.				
12 Total revenue. See instructions.		6,882,186.	2,013,371.	0.	235,070.	

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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

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 ...				
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	273,413.	229,667.	21,873.	21,873.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,511,630.	2,932,815.	270,792.	308,023.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	293,202.	255,067.	18,326.	19,809.
10 Payroll taxes	383,449.	326,097.	27,281.	30,071.
11 Fees for services (non-employees):				
a Management				
b Legal	4,980.		4,980.	
c Accounting	23,800.		23,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	88,953.	63,762.	7,383.	17,808.
12 Advertising and promotion	114,828.	12,995.	732.	101,101.
13 Office expenses	30,287.	12,034.	14,140.	4,113.
14 Information technology				
15 Royalties				
16 Occupancy	164,751.	142,883.	14,421.	7,447.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,857.	29,868.	10,383.	606.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,970.	64,861.	15,109.	
23 Insurance	17,916.	2,367.	15,549.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL AND SURGICAL	946,756.	946,756.		
b SUPPLIES	331,132.	282,414.	4,955.	43,763.
c REPAIRS AND MAINTENANCE	169,591.	144,136.	15,992.	9,463.
d MISCELLANEOUS	140,026.	84,204.	49,381.	6,441.
e All other expenses	184,505.	107,452.	3,224.	73,829.
25 Total functional expenses. Add lines 1 through 24e	6,800,046.	5,637,378.	518,321.	644,347.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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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	457,188.	1	364,664.
	2	Savings and temporary cash investments	86,617.	2	111,953.
	3	Pledges and grants receivable, net		3	496,375.
	4	Accounts receivable, net	97,645.	4	118,460.
	5	Loans and other receivables from current and former officers, 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		7	
	8	Inventories for sale or use	111,791.	8	115,542.
	9	Prepaid expenses and deferred charges	1,018.	9	462.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 977,672.		
	10b	Less: accumulated depreciation	10b 488,788.		
			394,637.	10c	488,884.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,994.	15	4,994.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,153,890.	16	1,701,334.	
Liabilities	17	Accounts payable and accrued expenses	339,674.	17	317,660.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	24,147.	23	511,465.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	363,821.	26	829,125.
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	712,731.	27	375,834.
	28	Temporarily restricted net assets	77,338.	28	496,375.
	29	Permanently restricted net assets		29	
	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	790,069.	33	872,209.	
34	Total liabilities and net assets/fund balances	1,153,890.	34	1,701,334.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,882,186.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,800,046.
3	Revenue less expenses. Subtract line 2 from line 1	3	82,140.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	790,069.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	872,209.

Part XII Financial Statements and Reporting

Check 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 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		

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. 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 - 2015. 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 - 2014. 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"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1893765.	2708597.	3383018.	3563003.	4633746.	16182129.
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	982,496.	1578107.	1606929.	1943083.	1727183.	7837798.
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	2876261.	4286704.	4989947.	5506086.	6360929.	24019927.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	301,000.	145,184.	607,919.	915,000.	675,000.	2644103.
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						0.
c Add lines 7a and 7b	301,000.	145,184.	607,919.	915,000.	675,000.	2644103.
8 Public support. (Subtract line 7c from line 6.)						21375824.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	2876261.	4286704.	4989947.	5506086.	6360929.	24019927.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,119.	3,690.	296.	107.	269.	7,481.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,119.	3,690.	296.	107.	269.	7,481.
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.)	21,290.	20,749.	182,072.	554,842.	520,989.	1299942.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2900670.	4311143.	5172315.	6061035.	6882187.	25327350.

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 2015 (line 8, column (f) divided by line 13, column (f))	15	84.40 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	77.07 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.03 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	.09 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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? 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. 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? 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? 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? b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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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. 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 1-1/2% 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).

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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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

GREAT PLAINS SPCA

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS

2012 AMOUNT: \$ 20,381.

2013 AMOUNT: \$ 20,329.

2014 AMOUNT: \$ 277,014.

2015 AMOUNT: \$ 234,801.

SALES OF INVENTORY

2013 AMOUNT: \$ 160,328.

2014 AMOUNT: \$ 276,049.

2015 AMOUNT: \$ 276,768.

OTHER OPERATING REVENUE

2011 AMOUNT: \$ 21,290.

2012 AMOUNT: \$ 368.

2013 AMOUNT: \$ 1,415.

2014 AMOUNT: \$ 1,779.

2015 AMOUNT: \$ 9,420.

Schedule A

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

2015

** Do Not File **

*** Not Open to Public Inspection ***

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

GREAT PLAINS SPCA
CRUELTY TO ANIMALS

Employer identification number

05-0552529

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

**GREAT PLAINS SPCA
CRUELTY TO ANIMALS**

Employer identification number

05-0552529

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____	\$ <u>675,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____	\$ <u>104,762.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREAT PLAINS SPCA CRUELTY TO ANIMALS	Employer identification number 05-0552529
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization
**GREAT PLAINS SPCA
 CRUELTY TO ANIMALS**

Employer identification number
05-0552529

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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.

OMB No. 1545-0047

2015
Open to Public Inspection

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

Name of the organization **GREAT PLAINS SPCA
CRUELTY TO ANIMALS** Employer identification number **05-052529**

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? Yes 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? Yes 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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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 after 8/17/06, 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 ▶ \$ _____

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

Schedule D (Form 990) 2015

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11-02-15

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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 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 _____ %
 - 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		3,043.		3,043.
b Buildings		342,072.	210,312.	131,760.
c Leasehold improvements				
d Equipment		632,557.	278,476.	354,081.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				488,884.

GREAT PLAINS SPCA
CRUELTY TO ANIMALS

Schedule D (Form 990) 2015

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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2015

GREAT PLAINS SPCA
CRUELTY TO ANIMALS

Schedule D (Form 990) 2015

05-0552529 Page 4

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	7,669,343.
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	343,785.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	443,372.	
e	Add lines 2a through 2d		2e	787,157.
3	Subtract line 2e from line 1		3	6,882,186.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,882,186.

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	7,587,203.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	343,785.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	443,372.	
e	Add lines 2a through 2d		2e	787,157.
3	Subtract line 2e from line 1		3	6,800,046.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,800,046.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS & RELATED EXPENSES	187,069.
COST OF GOODS SOLD	256,303.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	443,372.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS & RELATED EXPENSES	187,069.
COST OF GOODS SOLD	256,303.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	443,372.

GREAT PLAINS SPCA
CRUELTY TO ANIMALS

Schedule D (Form 990) 2015

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Part XIII Supplemental Information (continued)

Multiple horizontal lines for supplemental information input.

Schedule D (Form 990) 2015

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

2015

Open to Public Inspection

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

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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.

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GREAT PLAINS SPCA

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	
		PAWTINI GALA (event type)	BIG DAWG OPEN GOLF (event type)	4 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	301,205.	61,840.	176,700.	539,745.
	2	Less: Contributions	51,366.	32,706.	33,803.	117,875.
	3	Gross income (line 1 minus line 2)	249,839.	29,134.	142,897.	421,870.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	104,557.	14,552.	67,960.	187,069.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				187,069.
	11	Net income summary. Subtract line 10 from line 3, column (d)				234,801.

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))
		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: _____

GREAT PLAINS SPCA

- 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 (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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

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				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
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 ▶ (<u>PET FOOD AND</u>)	X	1,713	79,634.	FAIR MARKET VALUE
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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**

	Yes	No
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 is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

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.

Lined area for supplemental information.

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

2015
Open to Public
Inspection

Name of the organization

GREAT PLAINS SPCA
CRUELTY TO ANIMALS

Employer identification number
05-0552529

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

ADOPTIONS, LOST PET, SPAY/NEUTER, AFFORDABLE VET CARE SERVICES, TRAP,
NEUTER, RELEASE SERVICES AND BEHAVIOR TRAINING.

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

THE SASSY PROGRAM PROVIDES FINANCIAL ASSISTANCE TO SENIORS WITH PETS IN
NEED OF UNPLANNED VET SERVICES, AS WELL AS PET MEALS TO CITIZENS
RECEIVING MEAL ASSISTANCE.

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

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

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

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

RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. IT IS REVIEWED BY THE
CEO AND CFO AND THEN PROVIDED TO ENTIRE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CEO MONITORS POLICY COMPLIANCE AND IS RESPONSIBLE FOR SIGNING ALL
CONTRACTS.

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

BOARD OF DIRECTORS DETERMINES CEO AND KEY EMPLOYEES SALARIES VIA A VOTE.
COMPARABLE SALARIES OF SIMILAR POSITIONS THROUGHOUT THE KANSAS CITY AREA

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization GREAT PLAINS SPCA
CRUELTY TO ANIMALS

Employer identification number
05-0552529

ARE ALWAYS CONSIDERED.

FORM 990, PART VI, SECTION C, LINE 19:

CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST.

LINE XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

**GREAT PLAINS SOCIETY FOR THE
PREVENTION OF CRUELTY TO
ANIMALS (GREAT PLAINS SPCA)**
FINANCIAL STATEMENTS
DECEMBER 31, 2015

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Independent Auditors' Report

Board of Directors
Great Plains Society for the Prevention
of Cruelty to Animals
Merriam, Kansas

Report On The Financial Statements

We have audited the accompanying financial statements of Great Plains Society for the Prevention of Cruelty to Animals (Great Plains SPCA), which comprise the statement of financial position as of December 31, 2015 and 2014, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility For The Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Great Plains Society for the Prevention of Cruelty to Animals as of December 31, 2015 and 2014, and the changes in its net assets and cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

RubinBrown LLP

September 13, 2016

GREAT PLAINS SPCA
STATEMENT OF FINANCIAL POSITION

	December 31,	
	2015	2014
Assets		
Current Assets		
Cash and cash equivalents	\$ 476,617	\$ 543,805
Accounts receivable, net	118,460	97,645
Promises to give	496,375	—
Inventory	115,542	111,791
Prepaid expenses	462	1,018
Total Current Assets	1,207,456	754,259
Property And Equipment, Net	488,884	394,637
Other Assets	4,994	4,994
Total Assets	\$ 1,701,334	\$ 1,153,890

Liabilities And Net Assets		
Current Liabilities		
Accounts payable	\$ 144,920	\$ 111,290
Accrued expenses	172,740	228,384
Current portion of capital lease obligation	8,036	7,722
Line of credit	495,000	—
Total Current Liabilities	820,696	347,396
Capital Lease Obligation	8,429	16,425
Net Assets		
Unrestricted	375,834	712,731
Temporarily restricted	496,375	77,338
Total Net Assets	872,209	790,069
Total Liabilities And Net Assets	\$ 1,701,334	\$ 1,153,890

GREAT PLAINS SPCA

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS For The Year Ended December 31, 2015

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues And Gains				
Patient and customer fees	\$ 1,736,872	\$ —	\$ —	\$ 1,736,872
Contract revenue	619,232	—	—	619,232
Grant revenue	212,010	—	—	212,010
Other income	533,071	—	—	533,071
Total Revenues And Gains	3,101,185	—	—	3,101,185
Public Support				
Contributions	3,004,189	496,375	—	3,500,564
Special events	539,745	—	—	539,745
Total Public Support	3,543,934	496,375	—	4,040,309
Net Assets Released From Restrictions	77,338	(77,338)	—	—
Total Revenues, Gains And Public Support	6,722,457	419,037	—	7,141,494
Expenses				
Program expenses:				
Veterinary wellness center	1,864,660	—	—	1,864,660
Adoptions and intake	4,123,803	—	—	4,123,803
HERO	83,457	—	—	83,457
SASSY	160,870	—	—	160,870
Total program expenses	6,232,790	—	—	6,232,790
Supporting activities:				
General and administrative	575,970	—	—	575,970
Development and fundraising	778,443	—	—	778,443
Total supporting activities	1,354,413	—	—	1,354,413
Total Expenses	7,587,203	—	—	7,587,203
Increase (Decrease) In Net Assets Before Bequests	(864,746)	419,037	—	(445,709)
Bequests	527,849	—	—	527,849
Increase (Decrease) In Net Assets	(336,897)	419,037	—	82,140
Net Assets - Beginning Of Year	712,731	77,338	—	790,069
Net Assets - End Of Year	\$ 375,834	\$ 496,375	\$ —	\$ 872,209

GREAT PLAINS SPCA

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS For The Year Ended December 31, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues And Gains				
Patient and customer fees	\$ 1,944,969	\$ —	\$ —	\$ 1,944,969
Contract revenue	543,447	—	—	543,447
Grant revenue	221,250	—	—	221,250
Other income	434,270	—	—	434,270
Total Revenues And Gains	3,143,936	—	—	3,143,936
Public Support				
Contributions	2,432,164	77,338	—	2,509,502
Special events	668,668	—	—	668,668
Total Public Support	3,100,832	77,338	—	3,178,170
Total Revenues, Gains And Public Support	6,244,768	77,338	—	6,322,106
Expenses				
Program expenses:				
Veterinary wellness center	1,874,696	—	—	1,874,696
Adoptions and intake	3,261,027	—	—	3,261,027
HERO	67,796	—	—	67,796
SASSY	113,806	—	—	113,806
Total program expenses	5,317,325	—	—	5,317,325
Supporting activities:				
General and administrative	490,011	—	—	490,011
Development and fundraising	743,839	—	—	743,839
Total supporting activities	1,233,850	—	—	1,233,850
Total Expenses	6,551,175	—	—	6,551,175
Increase (Decrease) In Net Assets Before Bequests	(306,407)	77,338	—	(229,069)
Bequests	505,260	—	—	505,260
Increase In Net Assets	198,853	77,338	—	276,191
Net Assets - Beginning Of Year	513,878	—	—	513,878
Net Assets - End Of Year	\$ 712,731	\$ 77,338	\$ —	\$ 790,069

GREAT PLAINS SPCA
STATEMENT OF CASH FLOWS

	For The Years Ended December 31,	
	2015	2014
Cash Flows From Operating Activities		
Increase in net assets	\$ 82,140	\$ 276,191
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	79,970	75,162
Changes in assets and liabilities:		
Increase in accounts receivable	(20,815)	(60,685)
Increase in promises to give	(496,375)	—
Increase in inventory	(3,751)	(40,998)
(Increase) decrease in prepaid expenses	556	(350)
Increase (decrease) in accounts payable	33,630	(5,437)
Increase (decrease) in accrued expenses	(55,644)	22,768
Net Cash Provided By (Used In) Operating Activities	(380,289)	266,651
Cash Flows Used In Investing Activities		
Payments for property and equipment	(174,217)	(40,704)
Cash Flows From Financing Activities		
Payments on capital lease obligation	(7,682)	(7,365)
Payments on line of credit	(875,000)	(1,575,156)
Proceeds from line of credit	1,370,000	1,475,011
Net Cash Provided By (Used In) Financing Activities	487,318	(107,510)
Net Increase (Decrease) In Cash And Cash Equivalents	(67,188)	118,437
Cash And Cash Equivalents - Beginning Of Year	543,805	425,368
Cash And Cash Equivalents - End Of Year	\$ 476,617	\$ 543,805
Supplemental Disclosure Of Cash Flow Information		
Interest paid	\$ 10,451	\$ 7,698

GREAT PLAINS SPCA

NOTES TO FINANCIAL STATEMENTS December 31, 2015 And 2014

1. Operations

The Great Plains Society for the Prevention of Cruelty to Animals (Great Plains SPCA or the Organization) is a not-for-profit corporation organized in the State of Missouri to save, protect and improve the lives of animals, while strengthening the relationship between pets and their human companions.

In 2011, No More Homeless Pets KC (NMHP) and Animal Haven, Inc. (AH), both not-for-profit organizations, merged and formed Great Plains SPCA (the Organization). NMHP provided veterinary care, spay/neuter services and educational programs to save, protect and improve the lives of animals. AH primarily provided homes for abandoned animals to prevent cruelty or destruction, and also provided services to area municipalities for the temporary housing for abandoned animals so care could be given and suitable homes found. By combining resources and establishing a larger presence in the region, the respective Boards of each organization believed that they could solicit greater funding opportunities, while supporting the greater mission of promoting animal care and adoption through the various combined programs now offered by Great Plains SPCA.

The Organization has a cancellable agreement with Jackson County, Missouri to operate an animal shelter facility in Independence, Missouri through December 31, 2017. Total revenue and gains includes \$619,232 and \$543,447 of revenue earned under this agreement in 2015 and 2014, respectively.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting.

GREAT PLAINS SPCA

Notes To Financial Statements *(Continued)*

Basis Of Presentation

Financial statement presentation follows the requirements of the Financial Accounting Standards Board for not-for-profit organizations by presenting assets and liabilities within similar groups and classifying them in ways that provide relevant information about their interrelationships, liquidity and financial flexibility. As a result, the Organization is required to report information regarding its financial position according to the following three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Cash And Cash Equivalents

The Organization considers all demand highly liquid, short-term investments with original maturities of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are carried at original amount billed less an estimate made for doubtful accounts, based on management's assessment of the credit history with customers having outstanding balances and current relationships with them. Accounts receivable are written off when deemed uncollectible by management. Recoveries of receivables previously written off are recorded as income when received. Management established an allowance for doubtful accounts of \$3,157 as of December 31, 2014. There was no allowance for doubtful accounts considered necessary as of December 31, 2015.

GREAT PLAINS SPCA

Notes To Financial Statements (Continued)

Promises To Give

Unconditional promises to give are recognized as revenues in the period the promise is communicated and as assets, decreases of liabilities, or expenses depending on the form of the benefits received. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Promises to give at year end represent one unrestricted unconditional promise received from a Board member to repay the line of credit balance (Note 13). The promise to give was collected in January 2016. Management determined that an allowance was not necessary at year end.

Inventory

Inventory is stated at the lower of cost or market, with cost determined on the first-in, first-out method (FIFO).

Property And Equipment

Property and equipment are stated at cost, less depreciation and amortization computed using both straight-line and accelerated methods over the estimated useful lives of the assets as follows:

Buildings and leasehold improvements	15 - 50 years
Furniture and equipment	3 - 10 years
Transportation equipment	5 - 6 years
Equipment under capital lease	5 years

Expenditures for major renewals and betterments that extend the useful life of assets are capitalized. Expenditures for maintenance and repairs are charged to expense as incurred.

Donated Supplies And Services

Various supplies are donated to the Organization. These items generally are recorded as contributions at their fair values as of the date of receipt. Donated services are recognized as contributions if the services: (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization. A number of volunteers have donated a significant amount of their time to the Organization's programs. These donated services have not been recognized as contributions in the financial statements since the aforementioned recognition criteria, as stated by U.S. generally accepted accounting principles, have not been met.

GREAT PLAINS SPCA

Notes To Financial Statements *(Continued)*

Revenue Recognition

Patient and customer fees are recognized when services are rendered. All remaining revenue is recorded when earned.

Restricted And Unrestricted Revenues And Public Support

The Organization reports gifts of cash and other assets as unrestricted, temporarily restricted or permanently restricted, depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized.

All other donor-restricted support subject to donor stipulations that limit its use as restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Program Services

Veterinary Wellness Center

The Organization's Veterinary Wellness Center provides a wide variety of services. In addition to low-cost spay and neuter services, the treatment of routine injuries and general wellness care, vaccinations, microchipping and surgical procedures are provided. The Veterinary Wellness Center also manages the Organization's TNR (Trap-Neuter-Return) program for feral cats, as a safe and humane strategy for reducing the feral cat population.

Adoption And Intake

The Organization's Adoption and Intake Centers provide adoption services, lost/retrieval services, behavioral training, foster care and a safe, no-kill shelter environment for dogs, cats and small domesticated animals.

HERO

The HERO program focuses on supporting disadvantaged pet owners to help educate them about appropriate pet ownership and care, including providing assistance in the form of food, shelter and other resources, as well as transportation for spay/neuter appointments.

GREAT PLAINS SPCA

Notes To Financial Statements *(Continued)*

SASSY

The SASSY program provides financial assistance to seniors with pets in need of unplanned vet services, as well as pet meals to citizens receiving meal assistance.

Supporting Activities

General And Administrative

General and administrative includes the functions necessary to: ensure an adequate working environment; provide coordination and articulation of the Organization's program strategy; secure proper administrative functioning of the Board of Directors; and manage the financial and budgetary responsibilities of the Organization.

Development And Fundraising

Development and fundraising provides the structure necessary to encourage and secure private financial support from individuals, corporations and foundations, as well as communicate the Organization's mission and program services to the general public.

Expense Allocation

Expenses are charged to program services and supporting activities on the basis of periodic time and expense studies. General and administrative expenses include those expenses that are not directly identifiable with any other specific function, but provide for the overall support and direction of the Organization.

Advertising Costs

The Organization expenses advertising costs as incurred. Total advertising costs charged to expense amounted to \$114,828 and \$94,456 in 2015 and 2014, respectively.

Tax Status

The United States Treasury Department has advised that the Organization constitutes a qualified not-for-profit organization and is, therefore, exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

Tax returns for the tax years 2013 and later remain subject to examination by taxing authorities.

GREAT PLAINS SPCA

Notes To Financial Statements (Continued)

3. Inventory

Inventory consists of:

	2015	2014
Indy and Merriam merchandise	\$ 81,213	\$ 78,119
VCC Medication	34,329	33,672
	<u>\$ 115,542</u>	<u>\$ 111,791</u>

4. Property And Equipment

Property and equipment consist of:

	2015	2014
Land	\$ 3,043	\$ 3,043
Buildings and leasehold improvements	342,072	294,039
Furniture and equipment	515,207	421,940
Transportation equipment	78,840	45,923
Equipment under capital lease	38,510	38,510
	<u>977,672</u>	<u>803,455</u>
Accumulated depreciation and amortization	488,788	408,818
Property and equipment, net	<u>\$ 488,884</u>	<u>\$ 394,637</u>

Depreciation and amortization expense was \$79,970 and \$75,162 for the years ended December 31, 2015 and 2014, respectively.

5. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at December 31:

	2015	2014
Promises To Give - line of credit	\$ 496,375	\$ —
SASSY Program		<u>25,000</u>
HERO		<u>35,000</u>
Furball Funds		<u>17,338</u>
	<u>\$ 496,375</u>	<u>\$ 77,338</u>

6. Employee Benefit Plan

The Organization sponsors a 401(k) plan for the benefit of all full-time employees over the age of 18, who have met certain service requirements. Matching contributions are at the discretion of the Organization. The Organization did not make a matching contribution in 2015 or 2014.

7. Lease Commitments

The Organization leases building space from a related party as described in Note 9. The leases expire in October 2014 and January 2016, and there are no required monthly payments. The leases are currently going month to month until the renewed lease terms are renegotiated. The related party has the ability to cancel each lease at any point during the lease term. The Organization records an in-kind donation and rental expense based on the approximate fair value of comparative office and warehouse space in the general area. Rent expense was \$293,087 in both 2015 and 2014.

8. Capital Lease Obligation

During 2012, the Organization entered into a capital lease agreement for office equipment that expires in September 2017. The asset under capital lease is capitalized using an interest rate appropriate at the inception of the related lease and amortized over a five-year period.

During 2013, the Organization entered into a capital lease agreement for office equipment that expires in May 2018. The asset under this capital lease is capitalized using an interest rate appropriate at the inception of the related lease and amortized over a five-year period.

The cost of the assets recorded under the capital leases totaled \$38,510 at both December 31, 2015 and 2014. Accumulated amortization was \$23,015 and \$15,313 at December 31, 2015 and 2014, respectively.

GREAT PLAINS SPCA

Notes To Financial Statements (Continued)

Future minimum lease payments under the capital leases as of December 31, 2015 are as follows:

<u>Year</u>	<u>Amount</u>
2016	\$ 8,556
2017	7,133
2018	1,500
Total minimum obligations	17,189
Less: Amounts representing interest	724
Present value of minimum lease payments	16,465
Less: Current portion	8,036
	<u>\$ 8,429</u>

9. Related Party Transactions

The Organization has entered into lease agreements for building space at 5424 and 5428 Antioch Drive with RINGO's Fund. A member of the Organization's board holds a 90% interest in RINGO'S Fund. The leases require no monthly rental payments; however, use of the facilities is properly reported as in-kind contributions and expensed to rent expense. In addition, the RINGO's Fund paid for \$3,380 in legal services on behalf of the Organization, which is also reported as an in-kind contribution and expensed to legal services. Approximately 21% and 13% of the Organization's 2015 and 2014 total revenues, gains and public support, respectively, were received from the RINGO's Fund and this board member.

10. Line Of Credit

The Organization has an agreement with a bank for a \$500,000 line of credit through March 30, 2016. Interest is payable monthly at the bank's prime rate adjusted monthly with a minimum rate of 4% (4% at December 31, 2015 and 2014). The note is secured by a signature guarantee of a board member. The outstanding balance at December 31, 2015 was \$495,000. There was no outstanding balance at December 31, 2014. Subsequent to December 31, 2015, the line of credit balance was paid in full (Notes 2 and 13).

11. Contributed Services

For the years ended December 31, 2015 and 2014, the Organization received contributed services for legal, advertising, animal care, and building rent, which totaled \$343,785 and \$337,111, respectively. The value of contributed services is based on quoted market prices for those services.

12. Risks And Uncertainties

Credit Risk

The Organization maintains cash balances at banks in excess of federally insured limits at various times during the year. The Organization has not yet experienced any losses on such accounts.

13. Subsequent Events

Management has evaluated subsequent events through September 13, 2016, the date which the financial statements were available for issue. Subsequent to December 31, 2015, the Organization repaid the line of credit in full, cancelled the line of credit and opened a new line of credit with another lender as of February 8, 2016. Maximum borrowing under the new agreement is \$225,000, with interest payable monthly at the bank's prime rate adjusted monthly, with a minimum rate of 1.4%. The new line of credit matures on January 23, 2017 and is guaranteed by members of the Organization's Board of Directors. On July 17, 2016, the Organization entered into a new line of credit with another lender and terminated the line of credit that was opened on February 8, 2016. Maximum borrowing under the new agreement is \$500,000, with interest payable at the bank's prime rate adjusted monthly, with a current rate of 3.5%. The new line of credit matures on July 15, 2017 and is secured by all assets of the Organization.



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Independent Auditors' Report On Supplementary Information

Board of Directors
Great Plains Society for the Prevention
of Cruelty to Animals
Merriam, Kansas

We have audited the financial statements of Great Plains Society for the Prevention of Cruelty to Animals (Great Plains SPCA) as of and for the years ended December 31, 2015 and 2014, and our report thereon dated September 13, 2016, which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of functional expenses, which are the responsibility of management, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

RubinBrown LLP

September 13, 2016

GREAT PLAINS SPCA

SCHEDULE OF FUNCTIONAL EXPENSES For The Year Ended December 31, 2015

	Veterinary Wellness Center	Adoptions And Intake	HERO	SASSY	Total Program Expenses	General Administrative And	Development Fundraising And	Total Supporting Activities	Total Amount	%
Salaries	\$ 965,660	\$ 2,079,300	\$ 44,898	\$ 69,470	\$ 3,159,328	\$ 292,365	\$ 329,596	\$ 621,961	\$ 3,781,289	50%
Payroll taxes	100,317	215,585	3,998	6,197	326,097	27,281	30,071	57,352	383,449	5%
Employee benefits	75,071	175,944	5,615	1,591	258,221	18,626	20,109	38,735	296,956	4%
Cost of goods sold	25,213	231,090	—	—	256,303	—	—	—	256,303	3%
Professional and legal fees	30,122	82,473	985	882	114,462	36,163	17,808	53,971	168,433	2%
Direct mail and donor recognition	—	—	—	—	—	—	72,920	72,920	72,920	1%
Events	—	690	—	58,825	59,515	456	127,096	127,552	187,067	2%
Marketing and advertising	662	8,752	(1,018)	4,599	12,995	732	101,101	101,833	114,828	2%
Travel and seminars	8,541	15,436	4,492	1,399	29,868	10,383	606	10,989	40,857	1%
Telephone	9,189	22,577	1,165	954	33,885	4,487	5,822	10,309	44,194	1%
Utilities	23,555	84,307	928	208	108,998	9,994	1,625	11,559	120,557	2%
Janitorial services and supplies	17,819	36,612	153	40	54,624	3,212	833	4,045	58,669	1%
Rent	114,006	108,888	5,000	1,000	228,894	57,193	7,000	64,193	293,087	4%
Insurance	—	1,346	1,021	—	2,367	15,549	—	15,549	17,916	0%
Postage and printing	1,605	5,136	—	5,293	12,034	14,140	4,113	18,253	30,287	0%
Supplies	58,134	221,633	1,040	1,607	282,414	4,955	43,763	48,718	331,132	4%
Animal feed	9,596	42,207	613	412	52,828	12	76	88	52,916	1%
Medical and surgical	310,498	630,793	447	5,018	946,756	—	—	—	946,756	12%
Equipment repair, maintenance and software	44,087	90,039	8,501	1,509	144,136	15,992	9,463	25,455	169,591	2%
Depreciation and amortization	15,489	44,848	4,524	—	64,861	15,109	—	15,109	79,970	1%
Miscellaneous	55,096	26,147	1,095	1,866	84,204	49,381	6,441	55,822	140,026	2%
	\$ 1,864,660	\$ 4,123,803	\$ 53,457	\$ 160,870	\$ 6,232,790	\$ 575,970	\$ 778,443	\$ 1,354,413	\$ 7,587,203	100%

See the accompanying independent auditors' report on supplementary information.

GREAT PLAINS SPCA
SCHEDULE OF FUNCTIONAL EXPENSES
For The Year Ended December 31, 2014

	Veterinary Wellness Center	Adoptions And Intake	HERO	SASSY	Total Program Expenses	General And Administrative	Development And Fundraising	Total Supporting Activities	Total Amount	%
Salaries	\$ 872,679	\$ 1,656,310	\$ 29,096	\$ 37,026	\$ 2,595,111	\$ 254,592	\$ 319,948	\$ 574,540	\$ 3,169,651	49%
Payroll taxes	76,913	138,243	2,681	3,291	221,128	24,242	33,338	57,580	278,708	4%
Employee benefits	80,094	150,932	509	1,225	232,760	19,227	21,398	40,625	273,385	4%
Cost of goods sold	30,352	127,869	—	—	158,221	—	—	—	158,221	3%
Professional and legal fees	27,008	47,218	591	860	75,677	46,584	21,981	68,565	144,242	3%
Direct mail and donor recognition	—	—	—	—	—	—	78,978	78,978	78,978	1%
Events	—	5,278	—	51,435	56,713	53	214,233	214,286	270,999	4%
Marketing and advertising	23,293	47,606	9,256	9,672	89,827	—	4,629	4,629	94,456	1%
Travel and seminars	4,993	2,761	—	549	8,303	2,758	136	2,894	11,197	0%
Telephone	10,847	21,182	848	811	33,688	3,252	6,905	10,157	43,845	1%
Utilities	24,070	78,006	1,056	211	103,343	12,198	1,478	13,676	117,019	2%
Janitorial services and supplies	16,279	53,499	289	34	70,101	1,948	236	2,184	72,285	1%
Rent	114,006	108,888	5,000	1,000	228,894	57,193	7,000	64,193	293,087	4%
Insurance	—	3,413	2,115	—	5,528	10,091	—	10,091	15,619	0%
Postage and printing	1,050	6,168	—	1,358	8,576	5,390	7,478	12,868	21,444	0%
Supplies	100,030	171,473	5,347	985	277,835	4,953	3,275	8,228	286,063	4%
Animal feed	5,301	37,726	2,522	424	45,973	—	—	—	45,973	1%
Medical and surgical	405,251	444,401	—	2,725	852,377	—	—	—	852,377	13%
Equipment repair, maintenance and software	51,646	85,202	4,290	1,988	143,126	9,743	9,923	19,666	162,792	3%
Depreciation and amortization	16,042	42,361	3,246	—	61,649	13,513	—	13,513	75,162	1%
Miscellaneous	14,842	32,491	950	212	48,495	24,274	12,903	37,177	85,672	1%
	\$ 1,874,696	\$ 3,261,027	\$ 67,796	\$ 113,806	\$ 5,317,325	\$ 490,011	\$ 743,839	\$ 1,233,850	\$ 6,551,175	100%

See the accompanying independent auditors' report on supplementary information.

Position Title: **Executive Director**

Accountable to: Board of Directors

Purpose of Position:

To direct the administrative, financial, managerial and supervisory activities necessary to carry out the policies and goals of the Society.

Duties and Responsibilities:

In accordance with organizational policies, duties include but are not limited to:

- Develops the mission and direction of the organization in conjunction with the Board of Directors.
- Plans, organizes and directs programs that carry out the organization's goals as established by the Board of Directors.
- Oversees the handling, treatment and care of all the animals admitted to the care of ORGANIZATION.
- Manages the recruiting, hiring, development, employment, evaluation and discharge of all employees.
- Creates and coordinates annual and long-term fund development plans.
- Prepares an annual budget in conjunction with the Finance Committee, operates the Society within the limits of the total approved budget, and informs the Board of the monthly status of the organization's financial position.
- Controls and monitors all purchases and manages other fiscal and property resources as directed by the Board.
- Serves as liaison between the Board and the public, and between the Board and other agencies or organizations.
- Establishes and directs the operational procedures of the Society.
- Manages the maintenance of facilities, grounds and equipment.
- Negotiates contracts and other business matters for approval by the Board.
- Acts for the Society in designated matters pertaining to bequests, estates, contracts, donations and other matter of concern.

- Prepares reports and other records as required by the Board.
- May perform other duties as assigned by the Board.

Controls over Work:

The Executive Director works under the general guidance of and is responsible only to the Board of Directors as a group. The Executive Director may delegate duties as appropriate, but the responsibility for the accomplishment of all duties remains with the Director.

Written performance evaluations will be given after the first three months and first twelve months of work and annually thereafter.

Physical Demands:

The work may require occasional long periods of sitting at a desk while using a computer, calculator or other office equipment. Irregular hours, including evening and weekend meetings, are a normal part of the job.

Requirements:

- Must have a minimum of five year's experience working in an animal shelter, animal rights or wildlife rehabilitation center, with at least two year's administrative or supervisory experience; or an equivalent combination of related education and experience.
- Must have demonstrated experience in fund development for a nonprofit organization, including annual funds, membership drives, planned giving and budget management.
- Must have experience working with and coordinating multiple tasks using staff and volunteer resources, especially training and accommodating Board and Board Committee members in their organizational functions.
- Must be able to meet and deal with the public in a tactful and diplomatic manner, communicate effectively with other individuals, and be able to objectively evaluate problems and recommend appropriate actions.
- Important considerations for this position include a sincere interest in and knowledge of the philosophy of animal rights issues and of animal health care; a demonstrated knowledge of organizational and financial procedures for nonprofit agencies; a creative and dynamic approach to fund raising opportunities; demonstrated skills in human resource management and strong leadership abilities. Knowledge of word processing and spreadsheet software applications is preferred.

Note: Under the provisions of the Immigration and Reform Act of 1986, the successful candidate will be required to provide both evidence of identity and eligibility for employment.

Chief Operating Officer

Job Description



Position Summary: Functioning as a co-President of the organization, responsible for instituting systems that provide effective internal management. Has direct responsibility for managing and providing strategic leadership and oversight to assigned departments (shelter operations of bi-state campuses, Veterinary Care Center, Finance, Life Saving Programs, Facilities, IT and HR) and participates in the general management of the company. The accountability of this position is to drive the experience while maintaining a reasonable cost structure. The President and COO is responsible for ensuring compliance with all governing bodies and Board expectations. Assures protection for the assets of the business through internal control, internal auditing and assuring proper coverages.

MAJOR FUNCTIONS AND ACCOUNTABILITIES

Business Plans

- Participates in developing and implementing a strategic plan that supports the organization's vision and goals; translates the strategic plan to staff to ensure support; and modifies the plan in response to changing internal and external factors.
- Participates with co-President and other leadership team members in setting policies and determining strategies to meet or exceed revenue, profit, and cash flow commitments to the company.
- Evaluate performance by analyzing and interpreting data and metrics, set KPIs
- Analyzes current and future trends and needs and accurately assesses functional responsibilities, competitive strengths and vulnerabilities.
- Responsible for the attainment of long and short term financial and operational goals

Leadership

- Upholds the organization's values and philosophy relating particularly to ethics, integrity, corporate (social) responsibility.
- Builds and maintains a departmental structure, operating standards and practices that are responsive and adaptable to evolving business needs.
- Develops and implements a talent plan to ensure the right people are in the right place at the right time to meet the strategic needs of the organization.
- Manages employee performance by establishing clear goals and expectations, tracking progress against the goals, ensuring timely feedback, and addressing performance problems and issues promptly.
- Write and submit reports for the Board of Directors. Participate in regular meetings with the Chairman of the Board, Board of Directors and committees comprised of members of the Board.

Operational Systems

- Manage Relationships with vendors and corporate partners
- Act as the liaison for third party vendors for HR and IT
- Directs the functions of budgeting, finance, and financial counseling of leadership team to appraise operating results in terms of costs, budget, operating policies, trends and increased profit opportunities. Analyze revenue, profit and cash flow opportunities for the business and recommend actions.

Critical Success Factors

- Ability to build a culture of people who take disciplined action and are willing to go to extreme lengths to fulfill their responsibilities.

- Ability to see all forces, events, entities, and people that are affecting the situation at hand, and establish a course of action.
- Ability to anticipate the implications and consequences of situations and taking appropriate action to be prepared for possible contingencies.
- Ability to attract, develop, and retain talented individuals; create a learning environment that ensures staff realize their highest potential.
- Ability to hold staff rigorously accountable for achieving their objectives
- Ability to move people from compliance to commitment
- Ability to design and deliver an agile organization structure that enable s the movement of people and resourced quickly to capture new situations.
- Ability to demonstrate a high level of integrity, strong interpersonal skills, the ability to build consensus, and put a strong emphasis on responsibility and accountability.

Work Conditions:

Physical requirements are those present in normal office environment conditions. Employee is required to sit at a desk and work at a computer for long periods of time. Operational flexibility is required to meet sudden and unpredictable needs. Potential exposure to zoonotic diseases, dangerous and fractious animals, and high noise levels may be present.

Work schedule is typically Monday through Friday. Work schedule and hours may vary; evenings and weekends are required to meet the needs of the business.

Educational Requirements:

- College Degree Required

Experience, Abilities and Qualifications:

- Five or more years in an Executive Leadership role, leading people and similar department disciplines
- Executive level leadership in a sheltering organization of similar size preferred
- Understanding of business functions such as finance, HR, IT, general operations
- Demonstrable competency in strategic planning and business development
- Working knowledge of data analysis and performance /operations metrics
- 5-7 years office related experience with knowledge of Microsoft Office
- Excellent written, oral and interpersonal communication skills
- Ability to multi- task and establish priorities with the ability to work in faced paced office and willingness to work as a member of a team.
- Must have excellent time management and communication skills with the ability to work under extreme pressure.
- Must be a self-starter and an independent problem solver, with the desire to be a team contributor

At Will Employment:

There is no minimum period of employment guaranteed or implied by acceptance of an employment offer. It is the policy of Great Plains SPCA that employment is at will, which means that employment is for no specific term and that employment may be terminated by the employee or GPSPCA at any time without cause.

Note: This position description is not intended to be all-inclusive. You may be required to perform other related duties within your skill set as negotiated and/or directed to meet the ongoing needs of your department and the organization.

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Latisha Stephens

2501 NE Remington CT
Blue Springs, MO 64014
913-669-4009
latishaeaton@gmail.com

Great Plains SPCA- Director of Operations- 10/2010-Present

Responsible for effectively operating a no kill animal shelter with a 1.9-million-dollar budget while overseeing the intake and adoptions of approximately 5400 animals a year, with a live release rate of 96%. Provided leadership and mentorship to the staff of the following programs: adoptions, intake, animal control, vet clinic, lost/found, facilities, behavior, rescue, foster and volunteer. Organized and created community spay/neuter initiative providing roughly 350 surgeries to free roaming cats at reduced/no cost annually. Reported directly to CEO, and prepared reports and correspondence for community presentations and contracted city governments. Negotiated relationships and contracts with vendors and governmental relationships. Responsible for leading and mentoring all direct reports, and hiring and terminations of team members. Previous positions within company include: Lead Vet Tech, Executive Administrative Assistant, Foster/Rescue Manager, Shelter Manager, Director of Animal Health and Intake Services.

Farmers Insurance- Help Point Auto Claims Adjuster- 7/2010-10/2010

Investigated, researched, analyzed, verified and recommended solutions, using independent judgment on claims against auto insurance company. Provided excellent and courteous working relationship with other employees and the public. Ensured accuracy of information collected and reported to guard against fraudulent claims. Investigated claims to determine legitimacy and liability. Showed empathy, gave guidance and answered questions to provide great customer service. Made final liability decisions to determine fault, and communicate with client and third-party insurance agencies. Held all federal and state licensing required.

Wayside Waifs Humane Society- Adoptions Counselor/ Vet Assistant/ Customer Service 2/2007-4/2010

Assisted veterinarians with various tasks such as; performing general discharge exams of the adopted animals, making appointments, scheduling surgeries, distributing medications, sanitizing the clinic. Assisted in the placement of homeless dogs and cats into forever homes.

Crothall Services Group- Operations Director of Environmental and Specialty Services 10/2006 – 7/2010

Responsible for the cleanliness and sanitization of the hospital. Managed approximately forty employees, ensuring all procedures and processes were followed. Evaluated the human resource needs of department, including: hiring and training, discipline, development and retention. Provide leadership and direction to environmental services staff, while complying with facility and state regulations. Responsible for the implementation of quality control programs within the department. Successfully completed two Joint Commission surveys, and numerous state and CMS surveys; without incident or infractions. Created schedules for staff while handling staffing issues, and balancing target hours. Maintain budget compliance within department guidelines.

Hospital Housekeeping Systems- Assistant Director of Environmental Services- Carle Hospital 1/2006 - 9/2006

Responsible for the cleanliness and sanitization of the hospital. Managed staff of 60 employees on evening shift. Evaluated the human resource needs of department, including: staff hiring and training, development and retention. Manage day to day operations of housekeeping department. Provide leadership and direction to housekeeping staff. Create

schedule for staff while handling staffing issues, and balancing target hours. Maintain budget compliance within department guidelines. Develop and maintain good working relationship with facility personnel.

Linen's N' Things- Store Manager 2/2004 - 7/2006

Responsible for the daily operation of retail specialty store, including: weekly departmental audits, department recovery issues, creating effective merchandising displays within departments, and various other assigned tasks. Performed the opening and closing responsibilities of the store, including all banking deposits and ledger transactions. Worked to unite and motivate store employees to exceed sales goals; and to provide outstanding guest service. Served and participated in the Safety and Loss Prevention Committees.

Walgreen's- Store Manager 10/2001 - 10/2003

Ensured that the store and company policies were enforced and upheld. Supervised a staff of approximately 30 employees; ensuring that all procedures were followed. Conducted training and orientation for employees, as well as conducted staff meetings. Responded to and resolved customer complaints and concerns. Performed all daily operations functions of the store, as well as managed inventory and delivery procedures. Performed all banking functions, performed all closing and opening procedures. Responsible for creating effective merchandising ideas and displays, as well as various tasks and projects as assigned.

EDUCATION

Major: Psychology

School: Blackburn College, Carlinville Illinois

Degree: Bachelors of Arts

Completion Date: 05/2001

References available upon request.



GREAT PLAINS SPCA
Heroes for pets. Partners for life.

Response to Jackson County RFP – Animal Sheltering Services

Responses to Executive Summary, Experience and References, Staffing and Project Approach

Exhibit E

6.7.4 Executive Summary

6.7.4

Legal Name: Great Plains Society for the Prevention of Cruelty to Animals (d.b.a. Great Plains SPCA)

Physical Address and contact information

Pet Adoption and Intake
21001 East 78 Highway
Independence, MO 64057

Veterinary Care Center and Admin Offices
5428 Antioch Dr.
Merriam, KS 66202

Phone: 913-831-7722 (main line)

Website: www.greatplainssPCA.org

Federal Tax ID# 05-0552529

Email: nmeador@greatplainssPCA.org

6.7.4.1.1

Great Plains SPCA, is a Missouri nonprofit, public benefit corporation organized for charitable and educational purposes under the provisions of Section 501(c)(3) of the Internal Revenue Code. The organization is governed by its bylaws and a Board of Directors comprised of influential business leaders in the Kansas City Metro. Our team is made up of 116 paid staff members, and over 2,864 active volunteers who have dedicated more than 197,802 hours of service to Great Plains SPCA in 2016. 1,873 active volunteers with 118,410 hours of service thus far in 2017.

Great Plains SPCA (formally known as Heartland SPCA) is the surviving entity of a June 15, 2011 merger between Animal Haven, Inc. and No More Homeless Pets KC. For over 46 years, Animal Haven was the Kansas City Metro's second largest, private nonprofit humane society and animal welfare organization. Established in 2003 as a private nonprofit, No More Homeless Pets KC has served as the Metro's leader in high quality, affordable veterinary care and high-volume spay/neuter services. Together, now as Great Plains SPCA, we are Kansas City's most comprehensive resource for pets and their human companions. In 2016, our organization served over 31,744 needy animals. We are on target to serve over 33,000 pets in 2017.

6.7.4.1.2

Great Plains SPCA provides an unmatched scope of comprehensive services to the Greater Kansas City Metro, which uniquely positions us to provide the highest level of care for pets at the shelter, adopt more pets to loving homes and positively impact our community through the variety of lifesaving and life-enhancing programs we offer.

We have three occupied facilities.

- **Veterinary Care Center**
 - Public spay/neuter and affordable wellness services are provided from this facility. The center includes digital x-ray capabilities, canine and feline isolation and hospitalization, parvo treatment area, large four-table surgery suite, treatment and prep space, and five public exam rooms.
- **Pet Adoption Center - Indy**
 - Our shelter veterinary clinic is located in this facility. All pets are spayed/neutered prior to adoption. Pets are microchipped, vaccinated, dewormed, and are treated with heartworm and flea prevention.
 - All adoptions occur from this facility.
- **Pet Adoption and Lost Pet Center**
 - Included in this facility is a retail store, volunteer center, indoor play areas for pets, and several outdoor play yards for the pets to receive exercise.
 - Many pets will be housed in condo style room settings (free from caging) where they can best be viewed by the public similar to the way the pet will reside in a home setting.
 - Lost Pet Center: All new and incoming animals enter through the lost pet center. Pets are vaccinated, photos taken, and all pets are provided with a medical and behavioral exam, as well as microchipped. Dogs are tested for heart worms and cats for feline leukemia.
 - 6,723 pets were adopted out of both campuses in 2016.

The Greater Kansas City community benefits from the following current programs and services provided by Great Plains SPCA:

- Humane, compassionate sheltering of over 9,584 homeless and stray animals
- Reuniting 1,493 lost pets with their owners.
- Adoption of 6,723 pets annually with new, loving families
- Comprehensive, affordable public veterinary care for over 8,150 owned pets

- High-quality, low-cost spay and neuter services
- Community outreach and education programs targeted to reduce shelter intake and community euthanasia statistics
- Effective volunteer, foster, rescue and transport programs
- Trap, neuter and return for feral and free-roaming cats; over 1,000 feral cats fixed to date in 2016
- Targeted pet retention and behavior training programs, offering free behavioral advice and public training classes
- Pet ID and licensing programs
- Management of 7 Johnson County municipal contracts to house and care for pets picked up in the field by Animal Control
- Presence on state-wide legislative initiatives
- Volunteer programs provide tremendous value to agency operations, enrichment of shelter pets, while also providing benefit to those serving
- Strong marketing and special events programs that help generate support to carry-out the agency mission

6.7.4.1.3 Great Plains SPCA employs approximately 116 employees throughout our three facilities. Of those, approximately 75 are full-time and 41 are part-time. 40 employees will be specifically dedicated to this Shelter.

Keeping in mind that staffing levels will be modified depending on the volume of Unincorporated Jackson County animals being served annually, we will at a minimum have:

- Front Desk Greeter/Receptionist
- Canine kennel team
- Feline kennel team
- Veterinary care
- Volunteer support
- Adoption Counselor

Should intake levels increase or additional city contracts be negotiated, staffing levels will be adjusted accordingly.

6.7.4.1.4 Great Plains SPCA is a private 501(c)(3) Missouri Nonprofit Corporation which is governed by a Board of Directors. Board composition includes 7 directors. Meetings are held bi-monthly and the organization operates on a January through December fiscal calendar.

6.7.4.1.5 Please see [Exhibit C-1](#) – Great Plains SPCA Form 990 2015 and [Exhibit C-2](#) Audited Financial Statements (2016 not finalized as of this date).

6.7.4.1.6 Great Plains SPCA has always honored the contractual relationships in place for the organization and has never failed to complete work for which a contract was issued.

6.7.1.4.7 There are no civil or criminal actions pending our organization, or key staff.

6.7.4.1.8 GPSPCA has no unresolved disputes or allegations pending against the organization or key staff

6.4.1.9 Great Plains SPCA has never been disqualified from working with the City or any other public entity, and there are no contracts that have been terminated with Great Plains SPCA.

6.7.4.1.10 As a nonprofit agency, Great Plains SPCA is primarily funded through the benevolence of our donors. Great Plains SPCA currently operates with a \$6.7M budget, with funding coming from the following sources in 2016:

- 34% donations
- 7% Special Events
- 43% Program Revenues
- 7% Grants
- 9% City Contracts

As a non-profit organization, we are able to purchase medical supplies and other operating goods at a discounted, tax-free rate. Additionally, we could fundraise to help supplement the care, lifesaving programs and necessary equipment to provide the best possible environment and highest live-release outcome to shelter animals.

We will continue to grow our development and fundraising initiatives to support the mission of our organization. In addition, we are consistently monitoring business operations and the opportunity to develop more robust earned income initiatives. The average expense per animal taken in at the shelter is just over \$420 per animal. Therefore, fundraising is a critical function of our organization to sustain a no-kill business model and serve the volume of animals we do annually.

6.7.4.1.11 Our constituent contributions, special event revenues and board contributions grow every year. Each of these elements, along with continued successful program revenues, are pivotal to continued financial stability.

6.5 Experience

6.7.5.1 Leadership at Great Plains SPCA is comprised of experienced business professionals and experts in the animal welfare and not-for-profit fields. In addition, we are fortunate to have the support of highly respected business leaders on our Board of Directors and in our community to help us drive our mission forward.

Great Plains SPCA serves as the housing agent and manages the lost pet populations for 7 Johnson County municipalities. Our staff works diligently to reunite pets with their families, resulting in our organization having the highest return to owner rate in the Kansas City area.

6.7.5.2 References to support the work and impact we have on our community include:

1. Humane Society of the United States

- a. Midge Grinstead, Kansas State Director for the Humane Society of the United States – 785-766-3871 – mgrinstead@humanesociety.org
2. National Federation of Humane Societies
 - a. Steve Putnam, Executive Director – 703-242-3675 – sputnam@humanefederation.org
3. Missouri Department of Agriculture
 - a. Matt Role – 573-999-2031 – matt.rolld@mda.gov
4. Friends of KC Animals
 - a. Britton Hunter, President – 816-753-4313 – brittonh@hotmail.com
5. Wayside Waifs
 - a. Geoff Hall, President – 816-986-4402 – ghall@waysidewaifs.org

6.7.5.3 Great Plains SPCA has not had any public contract in the past five years. We have contractual agreements with 7 Cities in Kansas for animal control

City of Overland Park
Prairie Village
Shawnee
Lake Quivira
Merriam
Lenexa
Johnson County Parks Department

6.7.5.4 GPSPCA has successfully been awarded \$442,845 in grant funding in 2016. Our private donation base continues to grow in support of our life saving programs

6.6 Personnel

6.7.6.1 The overall business strategy for shelter operations will be set by Great Plains SPCA's CEO in conjunction with input from the Executive Leadership Team. The Executive Leadership Team is comprised of:

- Chief Executive Officer
- Chief Operations Officer
- Chief Financial Officer

Staff slated in management and leadership positions at the shelter have experience in shelter and volunteer management. A scaled down version will be implemented to care for the Unincorporated Jackson County Animals which will include a daily presence of the following roles/functions:

- Canine kennel care
- Feline kennel care
- Receptionist/Front Desk
- Veterinary Care
- Adoption Counselor

- Volunteer Support
- Shelter Director

6.7.6.2 Job descriptions for the Executive Leadership Team and resume of Shelter Manager are attached as **Exhibit D**.

6.7.6.3 Great Plains SPCA is an equal opportunity employer. We strive to build a cohesive, high-functioning team that can deliver on organizational goals. Staff is provided with on-boarding which includes agency handbook, initial departmental training and continued professional development opportunities to further advance their skills.

When vacant positions arise, we utilize our agency website, Indeed, Non-Profit Connect, the Kansas City Vet Medical Association, Facebook, Craig's List to advertise open positions. Qualified staff is interviewed, and offers extended to those with the most vital experience and strongest attributes to advance the organizational culture.

6.7.6.4 Given the volume of animals anticipated on an annual basis from Unincorporated Jackson County, all shelter employees will report to the Chief Operating Officer who reports to the Chief Executive Officer. As relationships grow to increase intake (either through increased community support, through a contract with the City of Independence, or other municipalities), the staffing model will change to reflect:

- Chief Executive Officer
 - Chief Operating Officer
 - Shelter Director
 - Lead Kennel Attendant
 - Kennel team
 - Lead Adoption Counselor
 - Adoption Counselors
 - Volunteer Manager
 - Lead Intake & Behavior Staff
 - Intake and behavior team
 - Receptionist
 - Foster Manager
 - Retail Store
 - Veterinary Care

6.7.6.5 In addition to the skill and professional expertise of our staff, Great Plains SPCA will actively depend on volunteers. Volunteers are the lifeblood of our organization and they will be an integral component of the success achieved at the Regional Animal Shelter. We employ a Volunteer Manager who will recruit, train, coach, and manage a core of scheduled and non-scheduled volunteers.

All volunteers will be required to complete an application and attend an orientation session. Volunteer job descriptions will be utilized and specific duty assignments will provide volunteers with boundaries and clear expectations of their roles and responsibilities within the organization.

6.7.6.6 As with our current operation, we are prepared to fill gaps for absent staff as needed. Through the adjustment of schedules, utilizing part-time employees, engaging volunteers, management fill-in, etc. there are a variety of options to eliminate business interruption should staff be absent.

Related to the loss of key personnel, we are fortunate to have relationships with shelter and professional organizations across the country, which would allow us to start the recruitment process immediately for a qualified replacement. During the transition period, management staff is prepared to fill any gaps that may surface to ensure continued smooth operation.

6.7.7 Project Approach

6.7.7.1 Great Plains SPCA leadership has read, understands and agrees to the Scope of Services as outlined with exceptions listed and signed by Respondent in Exhibit F-1

We are currently inspected by the Missouri Department of Agriculture and Kansas Department of Agriculture. Standard Operating Procedures and general shelter practices are aligned with the Standards of Care in Animal Shelters as recommended by the Association of Shelter Veterinarians, and humane euthanasia is carried out under the American Veterinary Medical Association Guidelines.

It is understood that all animals accepted from Unincorporated Jackson County will be impounded at no charge and that every animal entering the shelter will be entered into the shelter management database. All other contracts for service will be negotiated individually.

Staff will dress in professional apparel which includes staff identification. No one with a known history of animal abuse will be employed.

All pets who are safe to handle will be vaccinated at intake. Any pets who must be euthanized due to non-rehabilitatable aggressive behavior or medical conditions that cannot be effectively treated to produce a quality of life, will be cremated. Currently, Great Plains SPCA contracts with Aspen Pet Cremations to provide cremation services. We intend to continue that partnership for cremation services.

It is our understanding that the County will provide ground maintenance which would include snow removal and mowing.

Great Plains SPCA agrees to provide animal control field services for Unincorporated Jackson County, and we are eager to engage the Metropolitan Community College to develop a strong program with their students.

6.7.7.2 The rich history, comprehensive programs and services in place and expertise and experience of our staff in this industry, strong marketing platform, collaborative community relationships and proven

track record as a no-kill makes Great Plains SPCA the most qualified vendor to consider to manage shelter operations.

In addition, we have an established a sense of credibility and a strong reputation in the community. The public knows they can count on us for the lifetime of their pet. As we try and build a more progressive animal welfare system across the community, having the community's support is critical.

Benefits to the county include but are not limited to:

- Great Plains SPCA can continue to operate the shelter as a no-kill shelter
- Caring for Unincorporated Jackson County animals at no charge to the county; performing field services for animal control in Unincorporated Jackson County
- Marketing and fundraising plans that are already in place and successfully producing results
- Level of experience, professionalism and expertise of our staff in this industry
- Bi-state presence – with our three Merriam, KS facilities coupled with management of a Jackson County facility, we can drive increased support to the organization, and have an even greater impact on improving animal welfare in the Kansas City Community
- Programs we have in place for advanced public/shelter medical services, public spay/neuter programs, community outreach and education, volunteer and foster initiatives, etc.
- Increasing community confidence in the animal welfare system in Jackson County
- Desire to develop a strong working partnership with the Metropolitan Community College
- Ability to fundraise to further support the needs and mission of the organization

6.7.7.3 Our timeline remains the same

6.7.7.4 To ensure the highest level of quality is delivered throughout all our programs and services, Great Plains SPCA is committed to the following quality assurance measurements:

- Providing relevant, appropriate, and frequent staff and volunteer training to improve the level of care offered to pets and the level of service provided to our customers
- Using products most appropriate and safe for the care of our pets
- Measuring customer satisfaction levels consistently and seeking opportunities to continuously exceed our customers' expectations
- Measuring employee satisfaction levels and seeking new ways to improve the experience of our employees
- Continuing to partner with industry leaders to stay abreast of industry best practices
- Creating an agency Report Card to measure our goals (e.g., adoption rates, customer satisfaction levels, return to owner rates, euthanasia rates, budget targets, etc.) against actual accomplishments

Overall success is tracked by our agency Report Card. All elements of the report card are important because they keep staff aware and accountable to organizational goals. Success is tracked against the goals on a monthly basis.

6.7.7.5 GPSPCA will continue its operation of our current programs consisting of:

REVISED 12.05.17

EXHIBIT F – 1

RESPONDENT'S EXCEPTIONS TO SCOPE OF SERVICES OF
JACKSON COUNTY, MISSOURI REQUEST FOR PROPOSAL NO. 54-17
AS OF 12.05.17

Great Plains SPCA urges the City of Independence to change the BSL law or to have a proposal agreed to by the City Council to relax this law to help bridge the increased expense we incur by forcing us to adhere to the Pit Bull ban.

Average length of stay for any breed of dog except Pitbulls is 21 days
Average # Pitbulls 2015/2016 = 198 Average Length of Stay 2 2015/16 = 42days
At a cost of \$33 per day, this ban is costing GPSPCA \$137,214 (21 extra days x
198 pitbull average x \$33 per day) This is direct cost for care only. This does not
include loss of adoption revenue, because we cannot adopt this breed out.

Great Plains SPCA has a capacity limit of 130 dogs and 100 cats held in the facility at any one time. If the shelter is at or over capacity of dogs or cats, Great Plains SPCA will be permitted under the contract to turn away or wait list owner surrenders or strays of the particular type of animal received from the general public until space is available. If the source of the animal is ACO, Great Plains SPCA will accept up to 140 dogs and 150 cats without exercising its right to wait list or turn away animals.

Great Plains SPCA relies upon an annual \$230,000 grant from Jackson County to meet the costs of operating the shelter in accordance with the terms of the agreement. If the grant is not approved by Jackson County or if a quarterly grant payment is not made, Great Plains SPCA will have the option to terminate the agreement on one hundred eighty days' notice to Jackson County and the City of Independence.

Great Plains SPCA would like to re-define the Jackson County Outside Agency grant of \$150,000 from a Transport grant to a Spay/Neuter grant to support our initiative in reducing the already over-populated City of Independence.

If in any contract year, Great Plains SPCA is unable to raise \$150,000 of funds dedicated to a Spay/Neuter initiative in Jackson County/Independence, Great Plains SPCA will have the option to terminate the agreement on one hundred eighty days' notice to Jackson County and the City of Independence. The sources of funds for this initiative can be a grant from any or a combination of sources including Jackson County (over and above the funding grant referenced above), a third-party funding organization, or a private donor, but must be specifically designated for the Spay/Neuter initiative in Jackson County/Independence. The termination right will arise at each anniversary of the execution date if the fund-raising goal for the contract year has not been met as of such date in spite of good faith efforts of Great Plains SPCA. Upon receipt of notice of termination due to a fund-raising shortfall, the City of Independence will be given an opportunity to cure the fund-raising shortfall by making a grant in the amount of the shortfall prior to the end of the ninety-day notice period. If the shortfall is cured, the termination notice will be null and void and the contract will continue in accordance with its terms

Reference

Para # & Page #

Exception Requested

4.16.5 18/31

Name of Shelter – The investment made by Jackson County residents into the new shelter is understood. Great Plains SPCA is amicable to reserving that recognition, but our organization must also be allowed to have visual presence on the exterior of the facility. Given our investment in TV, radio and print advertising to promote all of our facilities and draw in adopters, volunteers and donors, the public will need to make the connection that the Jackson County facility is in fact “Great Plains SPCA.” We are making a sizeable investment in marketing.

4.2.4 Page 12/31

GPSPCA would like a “suggested donation” amount be displayed on County and City websites and communicated effectively to citizens to create a unified message of support.

4.2.5 Page 12/31

Unaccompanied access will not state “at all times”, but will be limited to “normal business hours. The City understands that after hours drop-offs will be limited to the designated area.

4.2.6 Page 12/31

Respondent will contract with boarding facilities for hooved animals but the total expense will be that of the City. (With a contracted increase of 2% cost of living, GPSPCA does not have funding to offer \$300 per impounded animal).

4.3.7 Page 12/31

Respondent will notify the county of any major staffing changes such as CEO, COO, CFO and Shelter Director

4.4.3 Page 13/31

The shelter is currently over-populated due to lack of education and resources for area residents. Respondent will work with the City and County toward educating residents.

4.4.6.2 Page 13/31

Veterinarians will not test for Heartworm in cats

4.4.6.7.1 Page 13/31

On RTO, if owner has current proof of rabies vaccination, no shots will be given. If a vet is not on premises, we will adhere to the guidelines of five days and owner will need to show proof to the Department of Animal Services, City of Independence. For any cases involving animals that have been impounded for dangerous dog charges and/or rabies exposure quarantines, the owner must show proof of rabies vaccination or the vaccination must be administered prior to the animal’s release.

4.17.3 Page 18/31

Respondent would like this paragraph to read as:
“The successful Respondent may charge a surrender fee for owner-surrenders”

4.17.8 Page 18/31

GPSPCA and Jackson County both agree to the fee schedule listed in Exhibit G-1.

Revised 10.19.17
EXHIBIT - G
FEE SCHEDULE

PROPOSED JACKSON COUNTY COMPROMISE OFFER 10.09.17

Year	Contract	Inflation %	Contract Plus Inflation	Inflation	
2016	\$ 515,000	2.0	\$ 525,300.00	\$ 10,300	2015 TO 2016 NO
2017	\$ 525,300	2.0	\$ 535,806.00	\$ 10,506	INFLATION ADJUSTMENT
2018	535806	2.0	\$ 546,522	\$ 10,716	
2019	546522	2.0	\$ 557,452	\$ 10,930	
2020	557452	2.0	\$ 568,601	\$ 11,149	
2021	568601	2.0	\$ 579,973	\$ 11,372	
2022	579973	2.0	\$ 591,572	\$ 11,599	

Billing/Payment Schedule for 2018

1st Q	\$128,750
2nd Q	\$128,750
3rd Q	\$144,511
4th Q	\$144,511
Total	\$546,522

For years 2019 through 2022, the annual billing/payment amount will be divided equally between the 4 quarters.