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DLN: 93492280002075

OMB No 1545-1150

Open to Public Inspection

Form 990-EZ

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Short Form

- ▶ Do not enter social security numbers on this form as it may be made public.
- ► Information about Form 990-EZ and its instructions is at <u>www.irs.gov/form990</u>.

Internal Revenue Service For the 2014 calendar year, or tax year beginning 01-01-2014 and ending 12-31-2014 D Employer identification number Check if applicable C Name of organization PLANNED PARENTHOOD ADVOCATES OF Address change KANSAS AND MID-MISSOURI 43-1621500 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 4401 WEST 109TH STREET NO 200 Initial return (913) 312-5100 Fınal return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption OVERLAND PARK, KS 66211 Number Amended return Application pending H Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: 🟲 N/A J Tax-exempt status(check only one) - 501(c)(3) 501(c)(4) ◄(Insert no) 4947(a)(1) or 527 L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 79,076 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) .[고 Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 79,076 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 Investment income 4 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$] of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 60 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 79,076 10 Grants and similar amounts paid (list in Schedule O) . 10 11 11 Benefits paid to or for members 62,709 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 Expenses 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 5,262 35,884 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 103,855 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -24,779 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 82.408 19 Other changes in net assets or fund balances (explain in Schedule O) 0 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 57,629

Form 990-E						Page 2
Part II	Balance Sheets (see the I Check if the organization used	nstructions for Part II) Schedule O to respond to	any question in this Pa	rt II		
			(4)	Beginning of year		(B) End of year
22 Cash.:	savings, and investments .			79,142	22	57,218
-	nd buildings			,	23	
	assets (describe in Schedule O			4,058	24	411
25 Total a	ssets			83,200	25	57,629
26 Total li	iabilities (describe in Schedule	0)		792		0
27 Net as	sets or fund balances (line 27 o	column (B) must agree wit	th line 21)	82,408	27	57,629
Part III	Statement of Program : Check if the organization used	-		· —	Ι,	Expenses equired for section 501
TO PROMO PROTECT: POLICIES SUCH CAR	organization's primary exempt OTE SOCIAL WELFARE AND EI INFORMED INDIVIDUAL DEC WHICH GUARANTEE THE RIG E, AND FOSTER AND PRESER OF REPRODUCTIVE FREEDOI	DUCATION RELATED TO ISIONS REGARDING HEA HT, AS WELL AS FULL AN VE A SOCIAL AND POLIT	LTH CARE, ADVOCA D NON-DISCRIMINA	TE FOR PUBLIC TORY ACCESS, TO	org	y(3) and 501(c)(4) ganizations, optional for ners)
Describe th measured b benefited, a	e organization's program servic y expenses In a clear and cond nd other relevant information fo	e accomplishments for eac cise manner, describe the s r each program title	services provided, the i	number of persons		1
CARE	MOTE SOCIAL WELFARE AND	ADVOCATE PUBLIC POI	LICIES RELATED TO I	REPRODUCTIVE		
(Grants \$ 0) If thi	s amount includes foreign (grants, check here .	▶┌	28a	103,855
29						
(Grants \$) If thi	s amount includes foreign (grants, check here .	▶┌	29a	
30						
(Grants \$	•	s amount includes foreign (grants, check here .	▶┌	30a	
	ogram services (describe in Sc	nedule O) s amount includes foreign (avanta abaak bara	. –	l	
(Grants \$	ogram service expenses (add line				31a 32	
	List of Officers, Directors, Tru		(list each one even if not co			· · · · · · · · · · · · · · · · · · ·
	Check if the organization used	Schedule O to respond to	any question in this Pa	rt IV		<u> Г</u>
	(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pand deferred compensation	o lans,	(e) Estimated amount of other compensation
NOT LISTE	D FOR SECURITY REASONS	1 00	0		0	0
BOARD OF	DIRECTORS					

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	<u>V</u>		<u>l~</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 24,459			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of PLANNED PARENTHOOD Telephone no	(91	3)312-	-5100
	Located at 🕨 4401 WEST 109TH STREET SUITE 200 OVERLAND PARK, KS ZIP + 4	66	5211	
L	At any time during the colondar year, did the organization have an interest in er a cignature or other authority	ı		
D	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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year			Γ
	- , <u>10 </u>		V	NI -
	Did the examplation maintain any denot adjused funds during the year? If "Ves." Form 000 must be completed instead of		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			NI.
		44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Νo
	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

orm 990-EZ (2	2014)						Page 4
						Yes	No
	ganızatıon engage, dırectly s for publıc office? If "Yes,"			ehalf of or in opposition to		Yes	
	ection 501(c)(3) orga I section 501(c)(3) orga		questions 47-49b ar	nd 52, and complete the	e tables	for lir	nes 50
	nd 51 neck if the organization use	d Schedule O to respond t	o any question in this P	art VI			_
			,			Yes	No
	ganızatıon engage ın lobbyı complete Schedule C, Part 1		ction 501(h) election in	effect during the tax year	, 47		
	anızatıon a school as descr		'Δ \(u)? If "Yes " comple	ete Schedule F	48		
	ganization make any transf				49a		
	was the related organization				49b		
O Complete	this table for the organizations) who each received more	on's five highest compens	ated employees (other	than officers, directors, tr			
	d title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Est of othe	imated	amoun ensatioi
			,	compensation			
f Total nu	mber of other employees pa	aid over \$100,000 .			▶		
	this table for the organizati isation from the organizatio			ractors who each received	more th	an \$10	0,000
(a	n) Name and business addre	ess of each independent co	ontractor	(b) Type of service	(c) C	ompen	sation
d Total nu	mber of other independent o	contractors each receiving	1 over \$100 000	<u> </u>			
	organization complete Sch	_		•			
complet	ted Schedule A				. ▶	☐ Ye	s No
nowledge and b	of perjury, I declare that I hav elief, it is true, correct, and c						
nowledge.				1			
. 107 –	***** ignature of officer			2015-09-10 Date			
lere	AURA MCQUADE PRESIDENT/CEC)					
	ype or print name and title Print/Type preparer's name	Preparer's signature	e Dati	e Check T if PTIN			
aid	JULIE A WELCH			5-09-10 self-employed P000	80714		
reparer	Firm's name ► MEARA WELG			Firm's EIN ► 43-1618			
Jse Only	Firm's address ► 2020 WEST 8			Phone no (816) 561-	1400		
	LEAWOOD, K	S 662061947			. V		No

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: PLANNED PARENTHOOD ADVOCATES OF

KANSAS AND MID-MISSOURI

EIN: 43-1621500

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.

DLN: 93492280002075

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Political Campaign and Lobbying Activities

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

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

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

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

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

line 35c (Proxy Tax) (see separate instructions), then

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** PLANNED PARENTHOOD ADVOCATES OF

KAN	NSAS AND MID-MISSOURI			43-16	2150	0		
ar	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a sectio	n 52	7 or	ganizatio	n.
1	Provide a description of the or	ganızatıon's dırect and ındırect polıt	ıcal campaıgn ac	tivities in Part IV				
2	Political expenditures				-	\$		24,459
3	Volunteer hours							399
D	t I-B Complete if the or		costion FO1 (-)/2)				
	<u> </u>	ganization is exempt under e tax incurred by the organization u						
1		e tax incurred by the organization u e tax incurred by organization mana				\$ <u>_</u>		
2	•	, 3	3	11 4955		\$ <u>_</u>		□ No
3	Was a correction made?	section 4955 tax, did it file Form 47	20 for this year?				Yes	No
4a	If "Yes," describe in Part IV						i res	1 140
b Par		ganization is exempt under	section 501(c), except secti	on 5	01(c)(3).	
1		ended by the filing organization for s				\$	<u>/(=/-</u>	24,459
2		organization's funds contributed to o		•	•	* _		
_	exempt function activities	organización o ramas concribacea co	organization	5 101 50001011 527	•	\$ _		0
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b	 -	¢		24,459
4	Did the filing organization file I	Form 1120-POL for this year?				₽	☐ Yes	✓ No
5	organization made payments amount of political contribution	nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fr directly delivered	om the filing organization of the filing organization of the filing organization of the filing organization of the filing of the filing organization of the filing organization of the filing of the filing of the filing organization of the filing of the filing of the filing of the filing organization of the filing of t	ation's al org	funds Janiza	Also ente tion, such a	rthe
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organizat funds If none, en	on's	- dı	Amount on ntributions and prompt rectly delived separate perganization enter -	received tly and ered to a olitical If none,
or P	Paperwork Reduction Act Notice. s	ee the instructions for Form 990 or 99	00-EZ.	Cat No 50084S Sche	dula C	/Form	990 or 990	-F7) 201 <i>4</i>

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	r-0-				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Par	t III-B Complete if the organization is exempt under section 501(c)(3) and he filed Form 5768 (election under section 501(h)).	as NOT			
	1		(a)	(b)
ror ea activi	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?		1		
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			-	
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912			1	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c	c)(5), d	or secti	on
			_	Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Part	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year	2a	<u> </u>		
	Carryover from last year	2b			
	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	ess 4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Pa	ort IV Supplemental Information	•			
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated see instructions), and Part II-B, line 1 Also, complete this part for any additional information	l group list)	, Part II	-A, lines	1 and
	Return Reference Explanation				
PART	T I-A, LINE 1 MAY MAKE CAMPAIGN CONTRIBUTIONS TO CANDIDATES AN	D MAY EN	GAGE I	N CERTA	IN
	ELECTORAL ACTIVITY				

	· age •
Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492280002075

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

Name of the organization	Employer identification number
PLANNED PARENTHOOD ADVOCATES OF	
KANSAS AND MID-MISSOURI	43-1621500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	
FORM 990-EZ, PART II, LINE 24 -	DESCRIPTION ACCOUNTS RECEIVABLE - PLANNED PARENTHOOD OF KANSAS AND MID-MISSOURI
OTHER ASSETS	BEG OF YEAR AMOUNT 4,058 END OF YEAR AMOUNT 411
FORM 990-EZ, PART II, LINE 26 -	DESCRIPTION ACCOUNTS PAYABLE - PLANNED PARENTHOOD OF KANSAS AND MID-MISSOURI BEG
OTHER LIABILITIES	OF YEAR AMOUNT 792 END OF YEAR AMOUNT 0