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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

Kansas Bioscience Organization, Inc.

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

8527 Bluejacket Street

City or town, state or country, and ZIP + 4

Lenexa, KS 66214

D Employer identification number

20-0013564

E Telephone number

913.495.4334

F Group Exemption

Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► www.kansasbio.org

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 487,936.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	254,608.
2	Program service revenue including government fees and contracts	2	19,384.
3	Membership dues and assessments	3	212,000.
4	Investment income	4	190.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less: direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	1,754.
8	Other revenue (describe ► <u>Royalties</u>)	9	487,936.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	225,435.
12	Salaries, other compensation, and employee benefits	13	24,149.
13	Professional fees and other payments to independent contractors	14	13,505.
14	Occupancy, rent, utilities, and maintenance	15	3,416.
15	Printing, publications, postage, and shipping	16	267,806.
16	Other expenses (describe ► <u>See Statement 1</u>)	17	534,311.
17	Total expenses. Add lines 10 through 16	18	-46,375.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	92,430.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	46,055.
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	88,794.	22 38,710.
23		23
24	8,095.	24 7,345.
25	96,889.	25 46,055.
26	4,459.	26 0.
27	92,430.	27 46,055.

932171
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED JUL 02 2010

Revenue
Expenses
Net Assets501(c)(3)
4947(a)(1)
527

Gaming

MAY 17 2010
COURT
See Statement 2

See Statement 1

08080510 132124 K1990

2009.03040 Kansas Bioscience Organizat K1990 1

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See Statement 7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 See Statement 5

(Grants \$) If this amount includes foreign grants, check here ► 28a 188,638.

29 See Statement 6

(Grants \$) If this amount includes foreign grants, check here ► 29a 13,592.

30 We continued to support talent development through awarding scholarships to undergraduate and graduate students among our academic institutions in Kansas..

(Grants \$) If this amount includes foreign grants, check here ► 30a 4,000.

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(d) Contributions

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Statement 4		150,935.		

Part V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** **0.**

b Did the organization file **Form 1120-POL** for this year?

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 period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► **0.** ; section 4912 ► **0.** ; section 4955 ► **0.**

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

► **0.**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

► **0.**

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

41 List the states with which a copy of this return is filed. ► **None**

42a The organization's books are in care of ► **Kelsi Thornton Pio** Telephone no. ► **913.495.4334**
 Located at ► **8527 Bluejacket Street, Lenexa, KS** ZIP + 4 ► **66214**

b 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)?

If "Yes," enter the name of the foreign country: ► _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

► **43** **N/A**

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
33		X
34		X
35a		X
35b	N/A	
36		X
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40b		X
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44		X
45		X

Form 990-EZ (2009)

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 X
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization? 48 X
49b 49a X
49b 49b
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Angela M. Kreps, 8527 Bluejacket Street, Lenexa, KS 66214	President 40.00	150,935.	0.	0.

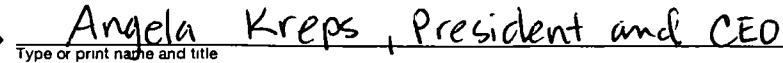
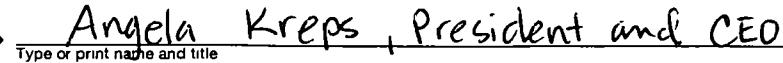
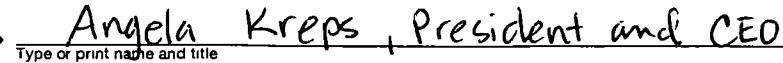
f Total number of other employees paid over \$100,000 ► _____

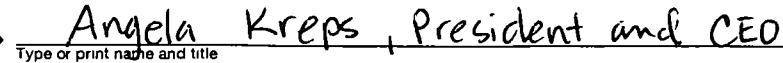
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	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		
	► 	Date 15/14/2010	Date 15/14/2010
► 	► 	► 	► 

Paid Preparer's Use Only	Preparer's signature B. C. Kreps, CPA	Date 4-19-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.) P00337256
	Firm's name (or yours if self-employed), address, and ZIP + 4 Cavanaugh & Porter, PA 2915 SW Wanamaker Rd., Suite 100 Topeka, Kansas 66614	EIN 71-0910570	Phone no. 785-228-2200	► 

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

Kansas Bioscience Organization, Inc.

20-0013564

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

LHAF

For Form 990 or 990-EZ, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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"/>	

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	186,750.	448,600.	544,358.	673,643.	466,609.	2319960.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	186,750.	448,600.	544,358.	673,643.	466,609.	2319960.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
8 Public support (Subtract line 7c from line 6)						2319960.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	186,750.	448,600.	544,358.	673,643.	466,609.	2319960.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				25,934.	21,328.	47,262.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				25,934.	21,328.	47,262.
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	186,750.	448,600.	544,358.	699,577.	487,937.	2367222.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	98.00	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.71	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.00	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.29	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ►

Form 990-EZ

Other Expenses

Statement 1

Description	Amount
Bank Service Charges	48.
Cellular Phone	846.
Dues & Subscriptions	240.
Interest Expense	10.
Event Expenses	200,601.
Hospitality	416.
Insurance	4,156.
Marketing	6,071.
Meeting Expense	7,965.
Office Supplies	2,501.
Travel	14,868.
Meals & Entertainment	1,390.
Website Maintenance	160.
Annual Fee	40.
Sponsorships	4,000.
Scholarships	4,000.
Miscellaneous	64.
Board & Leadership Forum	5,921.
Payroll taxes	14,509.
Total to Form 990-EZ, line 16	267,806.

Form 990-EZ

Occupancy, Rent, Utilities and Maintenance

Statement 2

Description	Amount
Depreciation	1,842.
Other Expenses	11,663.
Total to Form 990-EZ, line 14	13,505.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 3

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

Form 990-EZ

Part IV - List of Officers, Directors,
Trustees and Key Employees

Statement 4

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Angela Kreps	President 40.00	150,935.	0.	0.
Arlin Bostian 17745 S Metcalf, Stilwell, KS 66085	Board Member 2.00	0.	0.	0.
Michael Beckloff, Commerce Plaza II, Suite 300, Overland Park, KS 66210	Board Member 2.00	0.	0.	0.
Wayne Carter PO Box 1658, Topeka, KS 66601	Board Member 2.00	0.	0.	0.
Gilles Guillemette, 12707 W 63rd Street, Shawnee Mission, KS 66201	Board Member 2.00	0.	0.	0.
Allen Roberson 10513 W 84th Terr, Lenexa, KS 66214	Board Member 2.00	0.	0.	0.
Greg Krissek, 310 N. First Street, Colwich, KS 67030	Board Member 2.00	0.	0.	0.
Terry Calaway, 12345 College Blvd, Overland Park, KS 66210	Board Member 2.00	0.	0.	0.
Dan Getman 1055 Broadway, Kansas City, MO 64105	Board Member 2.00	0.	0.	0.
Kevin Carr 214 SW 6th, Topeka, KS 66603	Board Member 2.00	0.	0.	0.
Steve Warren, 1000 Sunnyside Ave, Lawrence, KS 66045	Board Member 2.00	0.	0.	0.
Dan Richardson 1800 W 106th St, Olathe, KS 66061	Board Member 2.00	0.	0.	0.
Stephen Gound, 8811 Prospect Ave, Kansas City, MO 64132	Board Member 2.00	0.	0.	0.
Olga Koper, 1310 Research Park Drive, Manhattan, KS 66502	Board Member 2.00	0.	0.	0.

Kansas Bioscience Organization, Inc.

20-0013564

Rich Donahue 511 Osage Ave, Kansas City, KS 66105	Board Member 2.00	0.	0.	0.
Paul Terranova, 3901 Rainbow Blvd, Kansas City, KS 66160	Board Member 2.00	0.	0.	0.
Archie Cullen 11296 Rener Blvd, Lenexa, KS 66219	Board Member 2.00	0.	0.	0.
Greg Unruh PO Box 273330, Fort Collins, CO 80527	Board Member 2.00	0.	0.	0.
David McDonald 1845 Fairmont, Wichita, KS 67260	Board Member 2.00	0.	0.	0.
Totals Included on Form 990-EZ, Part IV	150,935.	0.	0.	

During 2009, KansasBio embarked on a year-long strategic planning initiative. We met with board members and organization members, restructured our committees and developed a focused plan on educating, advocating and connecting within the bioscience industry in Kansas and the KC region. Our outcomes were impacted with 45 new members. We also led 100 Kansans to Atlanta, GA, to participate in the International BIO conference for the 4th consecutive year and 40 Kansans to San Diego, CA, for the DIA annual meeting.

KansasBio also held 53 public forum meetings with our various committees, members, and board of directors to further educate, advocate and connect with the bioscience industry in Kansas and the KC region.

KansasBio' is a unified voice representing the biosciences in Kansas. Across the human, plant, animal and industrial biosciences, KansasBio is focused on enhancing the business and research climate and working with leaders across the state to attract and retain bioscience talent, companies and funding.