

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

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 JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: C Name of organization: SCIENCE PIONEERS, INC D Employer identification number: 44-0607132 E Telephone number: 816-460-2261 F Group Exemption Number: []

G Accounting method: [] Cash [X] Accrual Other (specify) []

I Website: WWW.SCIENCEPIONEERS.ORG H Check [] if the organization is not required to attach Schedule B

J Tax-exempt status (check only one) - [X] 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.

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 \$ 319,125.

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations and totals.

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.

Table with 3 columns: Description, (A) Beginning of year, and (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) | | Expenses | |
|---|--|--|-----------------|
| What is the organization's primary exempt purpose? SCIENCE EDUCATION PROGRAMS | | (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.) | |
| 28 | SEE STATEMENT 9 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 76,625. |
| 29 | SEE STATEMENT 10 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 5,913. |
| 30 | SEE STATEMENT 11 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 26,309. |
| 31 | Other program services (attach schedule) SEE STATEMENT 12 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 99,348. |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 208,195. |

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

| (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 |
|--|--|--|---|--|
| MARY BROCK, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | EXECUTIVE DIRECTOR 40.00 | 62,100. | 12,331. | 0. |
| NEWTON CAMPBELL, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| GARY TRACY, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | VICE CHAIRMAN 1.00 | 0. | 0. | 0. |
| JAN ARMSTRONG, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| OLLIE BOGDON, PH.D., 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ROBB MCKIM, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | CHAIRMAN 1.00 | 0. | 0. | 0. |
| BIBIE M CHRONWALL, PH.D., 30 W. PERSHING, #410, KANSAS CITY, MO | DIRECTOR 1.00 | 0. | 0. | 0. |
| ROBERT WALKER, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| MARK ENGLISH, J.D., 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| LISA FREEMAN, PH.D., 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| WILLIAM P DUNCAN, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | TREASURER 1.00 | 0. | 0. | 0. |
| LISA BROWAR, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JULIE M EDGE, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PAUL F TERRANOVA, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| RICK THAEMERT, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ELIZABETH USOVICZ, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | SECRETARY 1.00 | 0. | 0. | 0. |
| TOM SACK, 30 W. PERSHING, #410, KANSAS CITY, MO 64108 | DIRECTOR 1.00 | 0. | 0. | 0. |

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

| | | Yes | No |
|-----|--|------|-----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | X |
| 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? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 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 | | X |
| 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? | 37b | X |
| 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? | 38a | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | N/A |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | N/A |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | N/A |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> | | |
| 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 | 40b | X |
| 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 | 40e | X |
| 41 | List the states with which a copy of this return is filed. | NONE | |
| 42a | The organization's books are in care of <u>MARY BROCK</u> Telephone no. <u>816-460-2261</u> Located at <u>30 W PERSHING, #410, KANSAS CITY, MO</u> ZIP + 4 <u>64108</u> | | |
| 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)? | 42b | X |
| | 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.? | 42c | X |
| | 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 <input type="checkbox"/> 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 | 44 | X |
| 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 | 45 | X |

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.

| | Yes | No |
|---|-----|----|
| 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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization a section 527 organization? | | |

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 |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.
 Signature of officer _____ Date _____
MARY BROCK, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature **RICH A. BILI** Date _____ Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 **KELLER & OWENS, LLC**
10955 LOWELL AVE, STE 800
OVERLAND PARK, KS 66210
 EIN _____
 Phone no. **(913) 338-3500**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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**

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

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

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

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

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

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.") | 280,194. | 325,467. | 330,619. | 266,030. | 265,413. | 1,467,723. |
| 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 | 38,884. | 34,721. | 39,907. | 47,006. | 42,438. | 202,956. |
| 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 | 319,078. | 360,188. | 370,526. | 313,036. | 307,851. | 1,670,679. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 114,440. | 109,740. | 79,500. | 91,500. | 90,500. | 485,680. |
| 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 | 114,440. | 109,740. | 79,500. | 91,500. | 90,500. | 485,680. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 1,184,999. |

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 | 319,078. | 360,188. | 370,526. | 313,036. | 307,851. | 1,670,679. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11,449. | 12,328. | 13,231. | 11,405. | 8,995. | 57,408. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 11,449. | 12,328. | 13,231. | 11,405. | 8,995. | 57,408. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | 3,353. | | | | 3,353. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | 1,289. | 1,289. |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | 330,527. | 375,869. | 383,757. | 324,441. | 318,135. | 1,732,729. |

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 | 68.39 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 70.88 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 3.31 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 3.54 % |

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 |
|-------------------------------|---------|
| GIFTS AND STIPENDS | 10,096. |
| FOOD | 8,659. |
| AWARDS | 7,851. |
| INVESTMENT EXPENSES | 2,996. |
| DUES | 2,676. |
| MARKETING | 1,164. |
| PAYROLL TAXES | 11,492. |
| SUPPLIES | 16,693. |
| TRAVEL | 12,323. |
| TELEPHONE | 1,464. |
| MISCELLANEOUS | 1,029. |
| AGENCY INSURANCE | 4,833. |
| DEPRECIATION | 4,097. |
| TOTAL TO FORM 990-EZ, LINE 16 | 85,373. |

| | | | |
|-------------|--------------|-----------|---|
| FORM 990-EZ | OTHER ASSETS | STATEMENT | 2 |
|-------------|--------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| INVESTMENT WITH KCCF | 266,381. | 297,826. |
| PLEDGES RECEIVABLE | 15,320. | 6,800. |
| PREPAID EXPENSES AND DEFERRED CHARGES | 4,781. | 4,271. |
| TOTAL TO FORM 990-EZ, LINE 24 | 286,482. | 308,897. |

| | | | |
|-------------|-------------------|-----------|---|
| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 3 |
|-------------|-------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | 862. | 9,077. |
| TOTAL TO FORM 990-EZ, LINE 26 | 862. | 9,077. |

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 4

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|------------------------|----------------------|------------------------|--------------------|-----------------------|
| | 300. | 0. | 0. | 300. |
| TO FORM 990-EZ, LINE 5 | 300. | 0. | 0. | 300. |

FORM 990-EZ GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 5

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|-----------------|------------------|--------------|--------------------|
| STOLEN COMPUTER | 08/01/06 | 03/09/10 | PURCHASED |

| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
|------------------------|----------------------|------------------------|--------------------|--------|-----------------------|
| INSURANCE PROCEEDS | 690. | 758. | 0. | 592. | 524. |
| TO FORM 990-EZ, LINE 5 | 690. | 758. | 0. | 592. | 524. |

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

| DESCRIPTION | AMOUNT |
|-------------------------------|---------|
| UNREALIZED SECURITY GAINS | 25,927. |
| TOTAL TO FORM 990-EZ, LINE 20 | 25,927. |

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 7

INCOME

| | | |
|--|-------|-------|
| 1. GROSS RECEIPTS | 8,302 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 8,302 |
| 4. COST OF GOODS SOLD (LINE 13) | 5,553 | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | | 2,749 |

COST OF GOODS SOLD

| | | |
|--|-------|-------|
| 6. INVENTORY AT BEGINNING OF YEAR | 0 | |
| 7. MERCHANDISE PURCHASED | 5,553 | |
| 8. COST OF LABOR | | |
| 9. MATERIALS AND SUPPLIES | | |
| 10. OTHER COSTS | | |
| 11. ADD LINES 6 THROUGH 10 | | 5,553 |
| 12. INVENTORY AT END OF YEAR | 0 | |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). | | 5,553 |

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

GREATER KANSAS CITY SCIENCE & ENGINEERING FAIR: HELD ANNUALLY IN LATE MARCH- EARLY APRIL AT UNION STATION OR BARTLE HALL. PROVIDES A FORUM TO DISPLAY SCIENCE RESEARCH CONDUCTED BY AREA 4TH - 12TH GRADE STUDENTS.

MENTORING PROGRAM: A PROGRAM CONNECTING OVER 80 AREA SCIENCE PROFESSIONALS WITH STUDENTS INTERESTED IN SCIENTIFIC RESEARCH. MEET THE MENTOR DAY IS HELD ANNUALLY IN NOVEMBER AND THE MENTOR DIRECTORY IS AVAILABLE TO TEACHERS UPON REQUEST.

SCIENCE WISE TEACHER WORKSHOPS: PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR
TEACHERS TO INCREASE SCIENCE AND MATHEMATICS KNOWLEDGE AND DISCOVER NEW
HANDS-ON TEACHING METHODS.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 12

DESCRIPTIONGRANTSEXPENSES

EXPANDING YOUR HORIZONS: A ONE-DAY CONFERENCE DESIGNED TO IMMERSE YOUNG WOMEN FROM 6TH TO 8TH GRADES IN SCIENCE, MATH, ENGINEERING AND TECHNOLOGY. PROFESSIONAL WOMEN FROM SCIENCE AND MATH-RELATED FIELDS FACILITATE HANDS-ON WORKSHOPS AND SERVE AS ROLE MODELS FOR PARTICIPATING GIRLS. A THREE-SESSION EXPANSION PROGRAM BEGUN IN 2007 OFFERS CONFERENCE PARTICIPANTS AN ADDITIONAL OPPORTUNITY TO WORK ONE-ON-ONE IN SMALL GROUPS, EACH LED BY A FEMALE MENTOR.

0. 13,506.

OTHER SCIENCE EDUCATION PROGRAMS INCLUDING SATURDAY SCIENCE SEMINARS: A SERIES OF INFORMAL LECTURES ON TOPICS IN SCIENCE TECHNOLOGY PRESENTED BY AREA PROFESSIONALS FOR MIDDLE AND HIGH SCHOOL STUDENTS.

0. 85,842.

TOTAL TO FORM 990-EZ, LINE 31

99,348.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

| | |
|---|---|
| Name of exempt organization SCIENCE PIONEERS, INC | Employer identification number 44-0607132 |
|---|---|

Name and title of officer
**MARY BROCK
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | |
|---|--|----|---------------|
| 1a Form 990 check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | 313406 |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KELLER & OWENS, LLC to enter my PIN 12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 48026977777

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**