

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 January 1, 2009, and ending December 31, 20 09

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Center for Practical Bioethics, Inc.
 Doing Business As

D Employer identification number 48 : 0985815

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1111 Main Street 500

E Telephone number (816) 221-1100

City or town, state or country, and ZIP + 4
Kansas City, Missouri, 64105-2116

G Gross receipts \$ 1,989,661

F Name and address of principal officer: Myra Christopher
1111 Main Street, Suite 500, K.C. MO 64105

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.practicalbioethics.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984 **M State of legal domicile:** KS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission of the Center for Practical Bioethics is to raise and to respond to ethical issues in health and healthcare. Significant areas of focus in 2009 were addressing ethical issues in aging and end of life, balanced pain treatment policy, advance care planning and healthcare reform.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18	
	5	Total number of employees (Part V, line 2a)	13	
	6	Total number of volunteers (estimate if necessary)	125	
	7a	Total gross 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			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	3,256,259	1,655,922
	9	Program service revenue (Part VIII, line 2g)	286,348	294,416
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,619	39,323
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)		
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,602,226	1,989,661	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,396,167	1,255,376
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>145,622</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	506,717	420,482
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,902,884	1,675,858
19	Revenue less expenses. Subtract line 18 from line 12	1,699,342	313,803	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	4,196,319	4,281,206
	21	Total liabilities (Part X, line 26)	425,698	435,508
22	Net assets or fund balances. Subtract line 21 from line 20	3,770,621	3,845,698	

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: Linda D. Ward Date: 8/10/10
 Type or print name and title: LINDA D. WARD EUP/COO

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 8/10/10
 Check if self-employed Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: McBride, Lock & Associates
1111 Main St, Suite 900 Kansas City, MO 64105
 EIN: 43 : 1403519
 Phone no.: 816 : 221-4559

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The mission is to raise and to respond to ethical issues in health and healthcare. The unprecedented phenomenon of 72 million baby boomers beginning to reach the age of 65 dramatically increases the presence of ethical questions. The Center is well prepared to help guide the US during this time in issues of aging, end-of-life care, advance care planning, under-treatment of pain, life science research, and disparities, all in an environment of healthcare reform.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,004,460 including grants of \$) (Revenue \$ 244,416)

Founded in 1984, the Center has built a national reputation by working both regionally and nationally at the policy level around ethical issues in health and healthcare. The question is not simply, "What can we do, but what ought we to do?" This conversation resonates—among patients, family members, clinicians and policymakers. The Center provides education and consultation about decisions that matter. The model is bringing experts on the staff and around the US together with interested members of the community to seek common ground on the most difficult issues of life and death. The result is greater understanding of these issues and guidelines that can help families, clinicians, nursing homes, hospitals and patients make decisions that are more aligned with the patients' values. Center staff train and support hospitals' ethics committees and are asked to make presentations around the country. Information and education is made available through consultation, workshops, lectures, symposia, on-line discussion groups, podcasts, blogs, website and other presentation formats. It is interactive whenever possible. Programs are educational and provide fact-based information unfettered by special interests.

4b (Code:) (Expenses \$ 252,175 including grants of \$) (Revenue \$ 50,000)

Balancing Pain Policy—The under-treatment of pain is a significant issues for those who are aging and those who are seriously ill and dying. In a vast majority of circumstances, we can effectively treat pain, but for a variety of reasons, we often do not. Doctors and nurses report that they receive very little education during their training about treating pain. They fear oversight of their prescribing practices by law enforcement and regulators because of increasing concern about the diversion and abuse of these medications for non-medical purposes. In 2009, the Center worked with both law enforcement and medicine to try to address these issues. In collaboration with the Federation of State Medical Boards and the National Association of Attorneys General, the DEA and two dozen other organizations, we developed and distributed a policy brief to assist law enforcement agents when investigating healthcare professionals alleged to be over-prescribing or mis-prescribing. And with the American Academy of Family Physicians, we developed a curriculum to improve the treatment of pain. Since October of 2009, we have been presenting this program to doctors, nurse practitioners, and physician assistants across the country.

4c (Code:) (Expenses \$ 65,010 including grants of \$) (Revenue \$ 0)

Aging in Community—In the next 30 years, the most significant shift in human demographics ever to occur will take place with the aging of the Baby Boomers. Life will change for young and old alike. The Center in partnership with the Mid America Regional Council (MARC) is coordinating an initiative called KC4 Aging in Community, which involves more than three dozen organizations in a metro-wide effort. This project is intended to establish Kansas City as a model aging-friendly community by focusing on four aspects of everyday life: housing, mobility, care giving and health service and technology. In 2009 we quantified the impact on the KC region through the establishment of a Data and Research Council, educated community leaders, recruited partners, defined work groups and adopted a community model for social support in targeted neighborhoods to generate local innovation and solutions. The design couples a needs- and asset-based approach that relies on senior leadership and participation.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,321,645

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)? If "Yes," complete Schedule A	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
3	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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	✓	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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? If "Yes," complete Schedule D, Part VII.		
	• 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? If "Yes," complete Schedule D, Part VIII.		
	• 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? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		✓
13	Is the organization a school described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		✓
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? If "Yes," complete Schedule G, Part I		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
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?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		✓
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
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?	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	✓	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	18
b	Enter the number of voting members that are independent	1b	18
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?	2	<input checked="" type="checkbox"/>
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?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
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	9a	<input checked="" type="checkbox"/>

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	<input checked="" type="checkbox"/>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<input checked="" type="checkbox"/>
13	Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
	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?	16a	<input checked="" type="checkbox"/>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Linda Ward, 1111 Main St., Suite 500, Kansas City, MO 64105 (816) 221-1100

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	192,115				
	c	Fundraising events	1c	441,510				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,007,442				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		1,655,922				
Program Service Revenue	2a	Earned income	Business Code					
			611430	294,416	294,416			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		294,416					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		39,323				
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7a	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)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
11a	Expense Reimbursements	611430	9,052					
b	Other	611430	5,803					
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			1,989,661				

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	314,440	185,520	46,537	82,383
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	706,841	619,899	80,580	6,362
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,980	18,123	2,860	1,997
9	Other employee benefits	136,460	107,617	16,985	11,858
10	Payroll taxes	74,655	58,876	9,292	6,487
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	8,201	6,467	1,021	713
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	55,221	43,551	6,874	4,796
12	Advertising and promotion	54,672	43,116	6,806	4,750
13	Office expenses	37,716	29,746	4,694	3,276
14	Information technology				
15	Royalties				
16	Occupancy	68,203	53,787	8,489	5,927
17	Travel	34,047	26,850	4,238	2,959
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	108,522	85,585	13,507	9,430
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,431	1,129	178	124
23	Insurance	8,230	6,491	1,024	715
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Professional/Filing Fees	379	299	47	33
b	Community Relations	631	497	79	55
c	Bank/Credit Card Charges	3,333	2,628	415	290
d	Equipment	39,896	31,464	4,965	3,467
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,675,858	1,321,645	208,591	145,622
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	128,602	1	200
	2 Savings and temporary cash investments	520,184	2	1,534,383
	3 Pledges and grants receivable, net	1,681,438	3	1,054,844
	4 Accounts receivable, net	36,751	4	12,633
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,193	9	9,149
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,231		
	b Less: accumulated depreciation	10b 33,861	1,811	10c 2,370
	11 Investments—publicly traded securities	1,385,361	11	1,312,017
	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	45,691	15	355,610
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,805,031	16	4,281,206	
Liabilities	17 Accounts payable and accrued expenses	106,761	17	81,729
	18 Grants payable		18	
	19 Deferred revenue	26,500	19	1,750
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	251,000	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities. Complete Part X of Schedule D	41,437	25	352,029	
26 Total liabilities. Add lines 17 through 25	425,698	26	435,508	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	(397,797)	27	(216,438)
	28 Temporarily restricted net assets	464,373	28	288,123
	29 Permanently restricted net assets	3,312,757	29	3,774,013
	30 Organizations that do not follow SFAS 117, 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	3,379,333	33	3,845,698	
34 Total liabilities and net assets/fund balances	3,805,031	34	4,281,206	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual 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? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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?

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.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

Center for Practical Bioethics, Inc.
Form 990 Reconciliation

Form 990 - Part I - Summary

	<u>2008 Form 990</u>	<u>Prior Period Adjustment</u>	<u>Restated 2008 Form 990</u>
8 Contributions and grants	3,256,259	(13,912)	3,242,347
9 Program service revenue	286,348		286,348
10 Investment income	59,619		59,619
11 Other revenue	-		-
12 Total revenue	<u>3,602,226</u>	<u>(13,912)</u>	<u>3,588,314</u>
20 Total assets	4,196,319	(391,288)	3,805,031
21 Total liabilities	<u>425,698</u>		<u>425,698</u>
22 Net assets or fund balances	<u>3,770,621</u>	<u>(391,288)</u>	<u>3,379,333</u>

Prior period adjustments reflect revenues recognized by the Center for Practical Bioethics prior to being earned. Temporarily restricted revenues are reduced by \$13,912, pledge receivables reduced by \$377,376. The total adjustment to net assets is \$391,288.

Center for Practical Bioethics, Inc.
 2009 Form 990
 Part VII - Section A

(A)	(B)	(C)			(D)	(E)	(F)				
Name and Title	Hrs	Ind	Inst	Off	Key	HC	Fmr	Reportable - CPB*	Reportable - related	Estimated Other	Deferred Compensation incl. in (F)
Robert J. Belt, MD		X						\$ 0	\$ 0	\$ 0	\$ 0
Joan M. Berkley		X						\$ 0	\$ 0	\$ 0	\$ 0
Mary Beth Blake - Founder		X						\$ 0	\$ 0	\$ 0	\$ 0
Karren King Crouch		X						\$ 0	\$ 0	\$ 0	\$ 0
Helen Emmott		X						\$ 0	\$ 0	\$ 0	\$ 0
Laura Hall		X						\$ 0	\$ 0	\$ 0	\$ 0
Sean Hogan		X						\$ 0	\$ 0	\$ 0	\$ 0
Amy McAnamey Hunt		X						\$ 0	\$ 0	\$ 0	\$ 0
Vermeda Bachus Robinson		X						\$ 0	\$ 0	\$ 0	\$ 0
Charles Romero		X						\$ 0	\$ 0	\$ 0	\$ 0
Dianne Shumaker		X						\$ 0	\$ 0	\$ 0	\$ 0
Cindy Spaeth		X						\$ 0	\$ 0	\$ 0	\$ 0
Edward Stevens		X						\$ 0	\$ 0	\$ 0	\$ 0
James M. Beck - Board Chair		X			X			\$ 0	\$ 0	\$ 0	\$ 0
Norman Rofert - Vice Chair		X			X			\$ 0	\$ 0	\$ 0	\$ 0
David L. Sallee, PhD - Vice Chair		X			X			\$ 0	\$ 0	\$ 0	\$ 0
Samuel H. Turner, Sr. - Treasurer		X			X			\$ 0	\$ 0	\$ 0	\$ 0
Paula Porsch - Secretary		X			X			\$ 0	\$ 0	\$ 0	\$ 0
Myra J. Christopher - President/CEO	40				X			\$ 188,706	\$ 0	\$ 43,108	\$ 25,000
Linda D. Ward - EVP & COO	40				X			\$ 100,086	\$ 0	\$ 24,050	\$ 7,000
John D. Lantos, MD - Francis Chair in Bioethics	40						X	\$ 101,255	\$ 0	\$ 967	\$ 0

Key Employee:

is not a Board member or officer, and earns more than \$150,000 of reportable compensation within year, and enjoys considerable responsibility within the organization similar responsibilities to an officer or board member responsibility for at least 10% of the organization's activities or expenses be among the top 20 highest paid employees with considerable responsibilities.

*Reportable Compensation from the Organization numbers come from 2009 W-2 for MJC, LDW, and JDL

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.")	1,542,757	1,349,409	3,091,033	3,166,140	1,214,412	10,363,751
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	1,542,757	1,349,409	3,091,033	3,166,140	1,214,412	10,363,751
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)						2,619,551
6 Public support. Subtract line 5 from line 4.						7,744,200

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	1,542,757	1,349,409	3,091,033	3,166,140	1,214,412	10,363,751
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,682	8,017	55,865	59,619	39,323	164,506
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.)	63,437	198,984	204,273	19,251	14,855	500,800
11 Total support. Add lines 7 through 10						11,029,057
12 Gross receipts from related activities, etc. (see instructions)					12	294,416
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	70.22 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	85.03 %
16a 33% support test—2009. If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% 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"/>		

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. 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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 33% %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, and line 18 is not more than 33% %, 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 ▶

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Center for Practical Bioethics Inc.

Employer identification number

48 : 0985815

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Center for Practical Bioethics Inc.	Employer identification number 48 : 0985815
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-----	See Attached ----- ----- -----	\$ 2,106,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
Center for Practical Bioethics Inc.

Employer identification number
48 : 0985815

Part II Noncash Property (see instructions)

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

Center for Practical Bioethics, Inc.
Schedule of Donations >= \$5,000.
For Year Ending December 31, 2009

48-0985815

<u>Donor Name</u>	<u>Purpose</u>	<u>Deposit Date</u>	<u>Amount</u>	<u>Restricted</u>
Kansas City, MO 64114	Flanigan Endow	5-Jan	1,000	X
	Annual Dinner	9-Jan	1,750	
	Flanigan Endow	31-Jul	1,000	X
	Frontliner's	31-Aug	500	X
	Mship-Med/Dentl	16-Oct	1,500	
	Mship Med Cntr	31-Oct	5,000	
Lenexa, KS 662	Mship - Providence	9-Jan	5,000	
	Annual Dinner	Various	3,500	
	Frontliner's	10-Sep	500	X
	Mship - St Francis	26-Oct	10,000	
c/o United Way of Greater KC Donor Choice 1080 Washington Kansas City, MO 64105	Annl Dinner (2008)	9-Jan	1,250	
	Flanigan Endow	9-Jan	1,000	X
	Annl Dinner (2009)	21-Sep	3,500	
FL 334	Donation	9-Jan	5,000	
c/o United Way of Greater KC Donor Choice 1080 Washington Kansas City, MO 64105	Annl Dinner	12-Jan	25,000	
	Bodies Revealed	12-Jan	2,000	X
Springfield, MO 658	Flanigan Endow	12-Jan	25,000	X
	Annl Dinner	16-Apr	1,000	
c/o Greater Kansas City Community Foundation 1055 Broadway, Suite 130 Kansas City, MO 64105	Endow Income	22-Jan	69,849	X
	Endow Income	21-Apr	69,849	X
	Endow Income	17-Jul	61,978	X
	Endow Income	16-Oct	61,978	X
Kansas City, MO 64	AIC grant	Monthly	75,000	X
Topeka, KS 666	Membership	23-Jan	10,000	
c/o Greater Kansas City Community Foundation 1055 Broadway, Suite 130 Kansas City, MO 64105	Flanigan pledge	30-Jan	5,000	X
c/o Bank of America Trust Dept F. Kansas City, MO 641	Endow Income	4-Feb	16,000	X
		3-Apr	16,000	X
		3-Jul	16,000	X
		5-Oct	16,000	X
	Annl Dinner	9-Feb	3,000	

Center for Practical Bioethics, Inc.
Schedule of Donations >= \$5,000.
For Year Ending December 31, 2009

48-0985815

<u>Donor Name</u>	<u>Purpose</u>	<u>Deposit Date</u>	<u>Amount</u>	<u>Restricted</u>
Kansas City, MO 64112	Annl Dinner	12-Feb	1,750	
	Donation	2-Dec	5,000	
Lenexa, KS 66214	Membership	18-Feb	17,500	
	Annl Dinner	23-Mar	2,250	
Kansas City, KS 66160	Annl Dinner	18-Feb	2,500	
	Annl Dinner	18-May	3,500	
	Annl Dinner	13-Jul	1,750	
	Frontliner's	5-Nov	2,500	X
c/o UMB Bank Trust Department Kansas City, MO 64141	Donation	23-Feb	53,447	
Kansas City, MO 64111	Annl Dinner	23-Feb	35,000	
	Annl Dinner	17-Apr	1,750	
	Annl Dinner	23-Apr	1,750	
	Mship-Hosp	12-Nov	1,500	
c/o Greater Kansas City Community Foundation 1055 Broadway, Suite 130 Kansas City, MO 64105	Annl Dinner	23-Feb	10,000	
c/o Greater Kansas City Community Foundation 1055 Broadway, Suite 130 Kansas City, MO 64105	Annl Dinner	23-Feb	5,000	
	Flanigan pledge	27-Feb	2,500	X
	Flanigan pledge	2-Sep	5,000	X
c. Kansas City, MO 64141	Annl Dinner	2-Mar	25,000	
Kansas City, MO 64112	Annl Dinner	2-Mar	5,000	
	Annl Dinner	5-Mar	25,000	
Kansas City, MO 64108	Annl Dinner	9-Mar	10,000	
New York, NY 100	Annl Dinner	9-Mar	5,000	
4 Lee's Summit, MO 64081	Annl Dinner	9-Mar	5,000	

Center for Practical Bioethics, Inc.
Schedule of Donations >= \$5,000.
For Year Ending December 31, 2009

48-0985815

<u>Donor Name</u>	<u>Purpose</u>	<u>Deposit Date</u>	<u>Amount</u>	<u>Restricted</u>
Kansas City, MO 64108-9898	Annl Dinner	13-Mar	15,000	
	Frontliner's	24-Aug	2,500	X
Kansas City, MO 64131	Annl Dinner	13-Mar	20,000	
	ICF Donation	13-Mar 28-Dec	5,000 1,000	
Mission Hills, KS 66208				
Tulsa, OK 74146	NHDD	17-Mar	7,000	X
Hays, KS 67601	Membership	24-Mar	10,000	
	Annl Dinner	24-Mar	5,000	
Kansas City, MO 64131 Foundation C/o UMB Bank Trust Department Kansas City, MO 64141-6226	TPOPP grant	30-Mar	60,000	X
	AIC grant	30-Mar	7,500	X
Shawnee Mission, KS 66204	Annl Dinner	30-Mar	1,750	
	Annl Dinner	24-Aug	3,500	
	Mship - SMMC	30-Nov	10,000	
	Membership	7-Apr	3,000	
St. Joseph, MO 64506	Annl Dinner	21-Apr	10,000	
	Frontliner's	20-Aug	5,000	X
Kansas City, MO 64141	Membership	13-Apr	10,000	
	Annl Dinner	13-Apr	5,000	
Kansas City, MO 64101	Annl Dinner	16-Apr	25,000	
	Foley Endow	16-Nov	500,000	X

**Center for Practical Bioethics, Inc.
Schedule of Donations >= \$5,000.
For Year Ending December 31, 2009**

48-0985815

<u>Donor Name</u>	<u>Purpose</u>	<u>Deposit Date</u>	<u>Amount</u>	<u>Restricted</u>
Minneapolis, MN 554	Annl Dinner	17-Apr	5,000	
c/o Midwest Trust Company Overland Park, KS 66211	Genetics Conf	29-Apr	100,000	X
Kansas City, MO 64112	Annl Dinner	4-May	10,000	
	Flanigan Endow	5-Aug	10,000	X
St Louis, MO 6310	Annl Dinner	6-May	5,000	
Kansas City, KS 66103	Membership	18-May	10,000	
c/o United Way of Greater KC Donor Choice 1080 Washington Kansas City, MO 64105	Annl Dinner	18-May	9,000	
Bristol, TN 37620	Donation	29-May	5,000	
	Donation	29-Jun	5,000	
Liberty, MO 64068	Membership	7-Jul	7,500	
St Louis, MO 63102	Annl Dinner	7-Jul	5,000	
Kansas City, MO 64106	TPOPP grant	10-Jul	10,000	X
Norfolk, NE 68701	Membership	13-Jul	5,000	
Shawnee Mission, KS 66208	Donation	15-Jul	5,000	
	Donation	12-Nov	5,000	
Austin, TX 78750	Flanigan pledge	24-Aug	10,000	X

**Center for Practical Bioethics, Inc.
Schedule of Donations >= \$5,000.
For Year Ending December 31, 2009**

48-0985815

<u>Donor Name</u>	<u>Purpose</u>	<u>Deposit Date</u>	<u>Amount</u>	<u>Restricted</u>
	Membership	9-Sep	25,000	
Leavenworth, KS 66048				
	Donation	10-Sep	5,000	
Mission Hill, KS 66208				
	Annl Dinner	30-Oct	2,250	
	Frontliner's	30-Oct	5,000	X
	Donation	25-Nov	100,000	
Mission, KS 66205				
	AIC	25-Nov	5,000	X
c/o Greater Kansas City Community Fdn. 1055 Broadway, Suite 130 Kansas City, MO 64105				
	Flanigan Endow	30-Oct	4,000	X
	VtA donation	30-Oct	500	
Kansas City, MO 64113	Flanigan Endow	4-Nov	4,000	X
	Donation	3-Dec	35,000	
	Donation	23-Dec	1,000	
Kansas City, MO 6414				
	Membership	10-Dec	10,000	
North Kansas City, MO 64116-3281				
	Donation	15-Dec	5,000	
c 2 Boston, MA 02110				
	Donation	16-Dec	50,000	
Bank of America, Trustee P.O. Box 219119 Kansas City, MO 64121-9119				
	Membership	16-Dec	5,000	
Manhattan, KS 66505				
	Flanigan Endow	30-Dec	100,000	X
c/o Greater KC Community Foundation 1055 Broadway, Suite 130 Kansas City, MO 64105	Donation	30-Dec	100,000	
Total Donations >= \$5,000			<u>\$ 2,106,350</u>	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Center for Practical Bioethics Inc

Employer identification number

48 : 0985815

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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	2d

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 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
- In Part XIV, 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
- 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 relating to these items:

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

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 XIV.

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" to 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 XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	3,312,757	1,763,703			
b Contributions	297,664	1,853,020			
c Net investment earnings, gains, and losses	163,592	(303,966)			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,774,013	3,312,757			

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 60.2%
- b** Permanent endowment ▶ 39.8%
- c** Term endowment ▶ %

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,965	1,357	608
d Equipment		34,266	32,504	1,762
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,370

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,989,661
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,675,858
3	Excess or (deficit) for the year. Subtract line 2 from line 1	313,803
4	Net unrealized gains (losses) on investments	225,957
5	Donated services and use of facilities	
6	Investment expenses	(10,316)
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	(63,079)
9	Total adjustments (net). Add lines 4 through 8	152,562
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	466,365

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	2,142,223
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	225,957
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	225,957
3	Subtract line 2e from line 1	1,916,266
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	(10,316)
b	Other (Describe in Part XIV.)	(63,079)
c	Add lines 4a and 4b	(73,395)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,989,661

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,675,858
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	1,675,858
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,675,858

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V Line 4. The Center's Endowment Funds are for funding key program staff at the Center. The endowment funds are to cover the salary and fringe benefit cost in part or in whole for the staff occupying endowed "chairs" at the center.

Part XI Line 8. Realized investment losses and interest expense

Part XII Line 4b. Realized investment losses and interest expense

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Annual Dinner (event type)	Frontliners Dinner (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	404,245	37,265		441,510
	2 Less: Charitable contributions	0	0		0
	3 Gross income (line 1 minus line 2)	404,245	37,265		441,510
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		339		339
	6 Rent/facility costs	926	1,200		2,126
	7 Food and beverages	42,821	4,743		47,564
	8 Entertainment	8,908	1,000		9,908
	9 Other direct expenses	21,823	2,574		24,397
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(84,334)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				357,176	

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a	%
13b	%
- 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? **15a**

- 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? **17a**
- 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 ▶ \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Center for Practical Bioethics Inc.

Employer identification number

48 0985815

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Myra J.Christopher	(i)	188,706	0	0	25,000	18,108	231,814	174,206
	(ii)							
Linda D. Ward	(i)	100,086	0	0	7,000	17,050	124,136	104,886
	(ii)							
John D. Lantos	(i)	101,255	0	0	0	967	102,222	181,452
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Center for Practical Bioethics Inc.

Employer identification number

48 | 0985815

Part IV #10. The Form 990 is prepared by an external accounting firm working with staff, presented to the Finance/Audit Committee for approval, presented to the board of directors for review, then reviewed and signed by the Chief Operating Officer prior to sending to the IRS.

**Part VI #12c. All board of director's members, employees, and finance/audit committee volunteers are required to fill out a "conflict of interest" form annually. The conflict of interest policy requirement is discussed at new board member orientation, and is reviewed with all board members at the annual board retreat.
new employee**

Part VI #15. An outside Human Resource consultant conducts comparison studies for compensation and works with the executive committee of the board of directors to set CEO compensation. The consultant also works with the CEO regarding appropriate compensation levels for all employees.

Part VI #19. Governing documents, conflict of interest policy, and financial documents are available to the public upon request. The Form 990 and the Conflict of Interest Policy form are on the website. The Form 990 is also available on GuideStar.