

Return of Organization Exempt From Income Tax

2008

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 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

Form header section containing organization name (KANSAS CITY SYMPHONY), address (1020 CENTRAL KANSAS CITY, MO 64105), principal officer (FRANK BYRNE), tax-exempt status (501(c)(3)), and website (KCSYMPHONY.ORG).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7a. Governance and revenue data; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

Signature block area with declaration text: 'Under penalties of perjury, I declare that I have examined this return...' and lines for officer signature and date.

Preparer information section including: Preparer's signature, firm name (BKD, LLP), address (120 WEST 12TH STREET, SUITE 1200 KANSAS CITY, MO 64105-1936), EIN, and phone number (816 221-6300).

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 \$ 10,030,779. including grants of \$ 135,000.) (Revenue \$ 3,313,902.)

PERFORMANCE OF ORCHESTRAL MUSIC IN VARIOUS SERIES SOLD TO THE PUBLIC WHICH TOTALED OVER 97,000 TICKETS AND OVER 13,000 TICKETS FOR SCHOOL CHILDREN AS A PART OF OUR YOUTH EDUCATION PROGRAMS. IN ADDITION WE SUPPORTED THE LYRIC OPERA OF KANSAS CITY AND THE KANSAS CITY BALLET, BY PROVIDING PIT ORCHESTRA SERVICES TO EACH ORGANIZATION. WE ALSO SPONSER SEVERAL FREE CONCERTS TO THE PUBLIC INCLUDING A LABOR DAY AND A MEMORIAL DAY CONCERT WHICH TOGETHER HAD OVER 58,000 IN ATTENDANCE.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ \$ 10,030,779. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5	Sections 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? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management control, organizational changes, asset diversions, members, and documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation process, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states for filing, public inspection availability, and organization name/address.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 580,978. NONE 66,474.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 2

Questions 3, 4, and 5 regarding compensation reporting with Yes/No columns. Question 3: Did the organization list any former officer... Question 4: For any individual... Question 5: Did any person... Answers: 3 (No), 4 (Yes), 5 (No).

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Entry: SEE STATEMENT 2

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 5

Part VIII Statement of Revenue

43-1297475

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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				
	c Fundraising events	1c	1,357,318.			
	d Related organizations	1d				
	e Government grants (contributions) . .	1e	349,001.			
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	6,706,727.			
	g Noncash contributions included in lines 1a-1f: \$		25,910.			
	h Total. Add lines 1a-1f ▶		8,413,046.			
Program Service Revenue	2a <u>TICKET SALES</u>		Business Code 711190	2,617,278.	2,617,278.	
	b <u>PERFORMANCE FEES</u>		711190	696,218.	696,218.	
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶			3,313,496.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			18,254.		18,254.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE		
	5 Royalties ▶			NONE		
			(i) Real	(ii) Personal		
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶			NONE		
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses		148,876.	356.		
	c Gain or (loss)		-148,876.	-356.		
	d Net gain or (loss) ▶			-149,232.		-149,232.
	8a Gross income from fundraising events (not including \$ <u>1,357,318.</u> of contributions reported on line 1c). See Part IV, line 18. a		STMT 3	714,384.		
	b Less: direct expenses b			786,288.		
	c Net income or (loss) from fundraising events . STMT. 4 . . . ▶			-71,904.		-71,904.
	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 ▶			NONE			
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. ▶			NONE			
Miscellaneous Revenue		Business Code				
11a <u>MISCELLANEOUS REVENUE</u>		900099	406.	406.		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			406.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			11,524,066.	3,313,902.	NONE	-202,882.

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 . . .	135,000.	135,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	531,959.	214,923.	317,036.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	5,985,527.	5,354,846.	238,510.	392,171.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	335,124.	308,804.	13,523.	12,797.
9 Other employee benefits	882,214.	784,638.	44,550.	53,026.
10 Payroll taxes	572,016.	496,316.	39,792.	35,908.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	78,999.		78,999.	
c Accounting	60,757.		60,757.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	67,339.			67,339.
f Investment management fees	NONE			
g Other	463,649.	398,981.	64,668.	
12 Advertising and promotion	438,930.	433,393.		5,537.
13 Office expenses	439,816.	283,431.	80,106.	76,279.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	129,095.	19,451.	109,644.	
17 Travel	161,630.	121,508.	31,185.	8,937.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	136,540.		136,540.	
23 Insurance	57,679.		57,679.	
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 GUEST_ARTISTS_AND_CONDUCTORS	614,063.	614,063.		
b CONCERT_PRODUCTION_EXPENSE _ _	797,071.	797,071.		
c BAD_DEBT_EXPENSE _ _ _ _ _	49,380.		49,380.	
d MISCELLANEOUS_EXPENSE _ _ _ _ _	196,683.	64,490.	129,324.	2,869.
e DUES_AND_SUBSCRIPTIONS _ _ _ _ _	22,065.	3,864.	17,916.	285.
f All other expenses _ _ _ _ _				
25 Total functional expenses. Add lines 1 through 24f	12,155,536.	10,030,779.	1,469,609.	655,148.
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	650.	1	650.
	2 Savings and temporary cash investments	2,039,901.	2	1,620,313.
	3 Pledges and grants receivable, net	2,206,478.	3	1,934,160.
	4 Accounts receivable, net	546,842.	4	229,226.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 sales or use		8	3,084.
	9 Prepaid expenses and deferred charges	330,313.	9	368,003.
	10a Land, buildings, and equipment: cost basis	10a 1,500,594.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 1,030,723.	489,007.	10c 469,871.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,770,099.	12	2,909,539.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,383,290.	16	7,534,846.	
Liabilities	17 Accounts payable and accrued expenses	1,131,920.	17	968,361.
	18 Grants payable		18	
	19 Deferred revenue	2,008,446.	19	1,558,228.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	258,891.	25	260,683.
	26 Total liabilities. Add lines 17 through 25.	3,399,257.	26	2,787,272.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,038,828.	27	776,261.
	28 Temporarily restricted net assets	551,125.	28	556,570.
	29 Permanently restricted net assets	3,394,080.	29	3,414,743.
	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	5,984,033.	33	4,747,574.
	34 Total liabilities and net assets/fund balances	9,383,290.	34	7,534,846.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. 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.
16b 33 1/3% support test - 2007. 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.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 84.83%. Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g 83.69%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 0.42%. Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 0.35%.

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS	16,419.	37,600.	NONE	80,249.	406.	134,674.
TOTALS	16,419.	37,600.	NONE	80,249.	406.	134,674.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

KANSAS CITY SYMPHONY

43-1297475

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 9 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.

1a 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. 1b 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. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 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 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 Trust, Escrow and Custodial Arrangements. Complete if 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 |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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	3,770,099.				
b Contributions	31,150.				
c Investment earnings or losses	-704,938.				
d Grants or scholarships					
e Other expenditures for facilities and programs	186,771.				
f Administrative expenses					
g End of year balance	2,909,540.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment NONE %
 - b Permanent endowment 100.0000 %
 - c Term endowment NONE %
- 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 | X | |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		480,831.	457,561.	23,270.
d Equipment		1,019,763.	573,162.	446,601.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				469,871.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other <u>GKCCF - POOLED FUNDS</u>	387,772.	FMV
<u>GKCCF - ENDOWMENT INVESTMENT</u>	2,521,767.	FMV

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	2,909,539.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<u>CONSULTING OBLIGATION</u>	<u>260,683.</u>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	260,683.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,524,066.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,155,536.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-631,470.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-604,989.
9	Total adjustments (net). Add lines 4-8	9	-604,989.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,236,459.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,462,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	152,220.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	786,644.
e	Add lines 2a through 2d	2e	938,864.
3	Subtract line 2e from line 1	3	11,524,066.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	11,524,066.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,094,400.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	152,220.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	786,644.
e	Add lines 2a through 2d	2e	938,864.
3	Subtract line 2e from line 1	3	12,155,536.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	12,155,536.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

TOTAL EARNED REVENUE, INCLUDING FEES FOR PIT SERVICES PROVIDED TO THE LYRIC OPERA OF KANSAS CITY AND THE KANSAS CITY BALLET ARE 27% OF OUR OPERATING REVENUE. OUR ANNUAL FUND RAISES 58% OF OUR BUDGET. ENDOWMENT FUNDS COVER THE REMAINING 15% OF THE SYMPHONY'S OPERATING BUDGET WHICH ALLOWS THE SYMPHONY TO HIRE AND RETAIN SKILLED PROFESSIONAL MUSICIANS.

FIN 48 DISCLOSURE

SCHEDULE D

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO. FIN 48-3, THE ORGANIZATION HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION NO. 45 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDED JUNE 30, 2010. THE ORGANIZATION HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES, AND FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES.

RECON. OF CHANGE IN NET ASSETS FROM FORM 990 TO FINACIAL STATEMENTS

SCHEDULE D, PART XI, LINE 8

RELEASE OF NET ASSETS HELD FOR OTHERS	\$ 31,304
ENDOWMENT DEPRECIATION	\$ 573,685

	\$ 604,989

Part XIV Supplemental Information (continued)

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EVENT EXPENSES	\$ 786,288
LOSS ON DISPOSAL OF ASSETS	\$ 356

	\$ 786,644

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XIII, LINE 2D

FUNDRAISING EVENT EXPENSES	\$ 786,288
LOSS ON DISPOSAL OF ASSETS	\$ 356

	\$ 786,644

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization

KANSAS CITY SYMPHONY

Employer identification number

43-1297475

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BENNETT DIRECT	TELE-FUNDRAISING		X	164,962.	65,428.	99,534.
TELEUNIQUE (TICKET ADD-ON)	TELE-MARKETING		X	5,460.	1,911.	3,549.
Total				170,422.	67,339.	103,083.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

KS, MO, _____

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 (Add col. (a) through col. (c))
		SYMPHONY BALL (event type)	JEWEL BALL (event type)	8 (total number)	
Revenue	1 Gross receipts	1,017,485.	653,981.	400,236.	2,071,702.
	2 Less: Charitable contributions	840,790.	446,159.	70,369.	1,357,318.
	3 Gross revenue (line 1 minus line 2)	176,695.	207,822.	329,867.	714,384.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	61,898.	145,017.		206,915.
	7 Other direct expenses	122,157.	247,612.	209,604.	579,373.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(786,288.)
9 Net income summary. Combine lines 3 and 8 in column (d)					-71,904.

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 Non-cash 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 lines 1 and 7 in column (d)					

	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	%	
b	An outside facility	13b	%	

14 Provide the name and address of the person who prepares the organization's gaming/special event 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:

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

KANSAS CITY SYMPHONY

Employer identification number

43-1297475

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NELSON ATKINS MUSEUM OF ART 4525 OAK STREET KANSAS CITY, MO 64111	44-0558499	501(C)(3)	135,000.				SUPPORT OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations 1

3 Enter total number of other organizations NONE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANTS PAID

SCHEDULE I, PART I, LINE 2

ONE VOLUNTEER ORGANIZATION, THE JEWELL BALL, WHICH IS ORGANIZED UNDER THE

SYMPHONY'S AUSPICES, RAISES FUNDS FOR BOTH THE KANSAS CITY SYMPHONY AND

THE NELSON ATKINS MUSEUM OF ART. GROSS REVENUE AND EXPENSES ARE RUN

THROUGH THE SYMPHONY'S BOOKS AND NET PROCEEDS ARE SPLIT BETWEEN THE TWO

ORGANIZATIONS EQUALLY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

KANSAS CITY SYMPHONY

Employer identification number

43-1297475

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X

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

Schedule J (Form 990) 2008

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) 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				
FRANK BYRNE	(i)	164,695.	15,000.	34,895.	NONE	4,200.	218,790.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

ITEMS INCLUDED IN COMPENSATION

SCHEDULE J, PART I, QUESTION 1A

THE KANSAS CITY SYMPHONY PROVIDED HEALTH CLUB DUES TO FRANK BYRNE WHICH

WERE INCLUDED ON HIS W-2 AS TAXABLE COMPENSATION.

NON-FIXED PAYMENTS FOR OFFICERS AND DIRECTORS

SCHEDULE J, PART I, QUESTION 7

MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINED THE AMOUNT OF

A DISCRETIONARY PERFORMANCE BONUS.

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

KANSAS CITY SYMPHONY

Employer Identification number

43-1297475

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHIRLEY B. HELZBERG PRESIDENT	1.	X		X			NONE	NONE	NONE	
ROBERT A. KIPP VICE PRESIDENT	1.	X		X			NONE	NONE	NONE	
MICHAEL D. FIELDS VICE PRESIDENT	1.	X		X			NONE	NONE	NONE	
WILLIAM M. LYONS VICE PRESIDENT	1.	X		X			NONE	NONE	NONE	
JOSHUA SOSLAND VICE PRESIDENT	1.	X		X			NONE	NONE	NONE	
WILLIAM B. TAYLOR SECRETARY/TREASURER	1.	X		X			NONE	NONE	NONE	
HO ANTHONY AHN DIRECTOR	20.	X					41,638.	NONE	6,965.	
ANN BILDERBACK DIRECTOR	20.	X					60,086.	NONE	4,010.	
SEAN BRUMBLE DIRECTOR	20.	X					41,274.	NONE	9,393.	
LAURIE BURGESS DIRECTOR	1.	X					NONE	NONE	NONE	
PETER DESILVA DIRECTOR	1.	X					NONE	NONE	NONE	
ANN DICKINSON DIRECTOR	1.	X					NONE	NONE	NONE	
MARK ERNST DIRECTOR	1.	X					NONE	NONE	NONE	
MARVIN GRUENBAUM DIRECTOR	20.	X					38,704.	NONE	12,853.	
JOAN HORAN DIRECTOR	1.	X					NONE	NONE	NONE	
PETER S. LEVI DIRECTOR	1.	X					NONE	NONE	NONE	
RICHARD W. MILLER DIRECTOR	1.	X					NONE	NONE	NONE	
PATRICK A. PERSOHN DIRECTOR	1.	X					NONE	NONE	NONE	
DAMON SHELBY PORTER DIRECTOR	1.	X					NONE	NONE	NONE	
GWYN PRENTICE DIRECTOR	1.	X					NONE	NONE	NONE	
NELSON R. SABATES DIRECTOR	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

KANSAS CITY SYMPHONY

Employer identification number

43-1297475

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	3	25,910.	FMV
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

Name of the organization KANSAS CITY SYMPHONY	Employer identification number 43-1297475
--	--

NUMBER OF EMPLOYEES

FORM 990, PART I, LINE 5

THIS REPRESENTS THE NUMBER OF FORM W-2'S ISSUED BY THE ORGANIZATION

CONSISTING OF 86 ORCHESTRA MEMBERS, 40 FULL-TIME AND PART-TIME OFFICE

STAFF, IN ADDITION THIS INCLUDES SUBSTITUTE AND EXTRA MUSCIANS,

STAGEHANDS, USHERS, AND SECURITY GUARDS, WHO WORK ON A VERY LIMITED BASIS

FOR THE SYMPHONY.

Name of the organization KANSAS CITY SYMPHONY	Employer identification number 43-1297475
--	--

AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12 & PART XI, LINE 2B

THE KANSAS CITY SYMPHONY HAS EXCLUDED FROM THE ACCOMPANYING FINANCIAL

STATEMENTS ITS BENEFICIAL INTEREST IN THE NET ASSETS HELD BY A

THIRD-PARTY FOUNDATION. THIS PRACTICE IS NOT IN ACCORDANCE WITH

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF

AMERICA. THE MARKET VALUE OF INVESTMENTS AND THE RELATED INCOME OF THE

THIRD-PARTY FOUNDATION ARE INCLUDED IN THE NOTES TO THE FINANCIAL

STATEMENTS.

EXCEPT FOR THE EFFECTS ON THE FINANCIAL STATEMENTS OF THE OMISSION OF THE

KANSAS CITY SYMPHONY'S BENEFICIAL INTEREST IN NET ASSETS HELD BY A

THIRD-PARTY FOUNDATION AS DESCRIBED IN THE PRECEDING PARAGRAPH, THE

FINANCIAL STATEMENTS REFERRED TO ABOVE PRESENT FAIRLY, IN ALL MATERIAL

RESPECTS, THE FINANCIAL POSITION OF THE KANSAS CITY SYMPHONY AS OF JUNE

30, 2009 AND 2008, AND THE CHANGES IN NET ASSETS AND ITS CASH FLOWS FOR

THE YEARS THEN ENDED IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY

ACCEPTED IN THE UNITED STATES OF AMERICA.

Name of the organization

Employer identification number

KANSAS CITY SYMPHONY

43-1297475

FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

RICHARD SPENCER AND KRISTINE STANLEY HAVE A BUSINESS RELATIONSHIP.

Name of the organization KANSAS CITY SYMPHONY	Employer identification number 43-1297475
--	--

DOCUMENTATION OF MEETINGS

FORM 990, PART VI, SECTION A, LINE 8B

THE MINUTES OF THE FINANCE COMMITTEE AND THE RETIREMENT COMMITTEE ARE DOCUMENTED.

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY BUT IT DOES NOT HAVE PRACTICES OR POLICIES REGARDING DOCUMENTATION OF MEETINGS OR WRITTEN ACTION OF ITS COMMITTEE. AN AGENDA AND WRITTEN REPORT ABOUT ISSUES WHICH ARE TO BE DISCUSSED AT EACH MEETING ARE PROVIDED BY THE EXECUTIVE DIRECTOR PRIOR TO THE MEETING.

Name of the organization KANSAS CITY SYMPHONY	Employer identification number 43-1297475
--	--

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 10

THE ORGANIZATION'S FINANCE DIRECTOR AND ACCOUNTING MANAGER GATHER THE

INFORMATION WHICH IS SENT TO AN INDEPENDENT ACCOUNTING FIRM FOR

PREPARATION AND REVIEW OF THE RETURN. THE RETURN IS THEN REVIEWED BY THE

FINANCE DIRECTOR, THE EXECUTIVE DIRECTOR AND THE BOARD TREASURER. ANY

QUESTIONS OR CONCERNS OF THESE REVIEWERS ARE ADDRESSED WITH THE

INDEPENDENT ACCOUNTING FIRM. ANY CHANGES OR CLARIFICATIONS THAT NEED TO

BE INCORPORATED INTO THE RETURN ARE MADE. ONCE THESE CHANGES ARE

INCORPORATED THE 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE AND ANY

CHANGES OR CLARIFICATION REQUIRE SUBSEQUENT TO THAT REVIEW ARE

INCORPORATED INTO THE RETURN. THEN THE RETURN IS EMAILED TO THE ENTIRE

VOTING BOARD WITH INSTRUCTION TO CONTACT THE BOARD TREASURER WITH ANY

CONCERNS OR QUESTIONS THEY MAY HAVE. ANY CHANGES OR CLARIFICATION THAT

NEED TO BE INCORPORATED IN THE RETURN ARE MADE AND THEN THE RETURN IS

FINALIZED AND EMAILED BACK TO THE BOARD PRIOR TO SUBMISSION TO THE IRS.

Name of the organization

Employer identification number

KANSAS CITY SYMPHONY

43-1297475

CONFLICT OF INTEREST POLICY

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

ONCE A YEAR, EVERY OFFICER, DIRECTOR AND KEY EMPLOYEE IS ASKED TO REVIEW

THE CONFLICT OF INTEREST POLICY AND TO COMPLETE A FORM DISCLOSING ANY

POSSIBLE CONFLICT OF INTEREST.

1. DUTY TO DISCLOSE:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER

FINANCIAL INTEREST TO THE BOARD OF DIRECTORS, OR COMMITTEE WITH

BOARD-DELEGATED POWERS, WHILE THE BOARD OR COMMITTEE IS CONSIDERING A

PROPOSED TRANSACTION.

2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL

LEAVE THE BOARD MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED. THE

REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS,

SUBJECT TO THE APPLICATION OF PARAGRAPH 3A. THROUGH C. BELOW.

3. PROCEDURE FOR ADDRESSING THE CONFLICT OF INTEREST.

A. THE CHAIRPERSON OF THE BOARD SHALL, IF APPROPRIATE, APPOINT A

DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

PROPOSED TRANSACTION.

B. AFTER EXERCISING DUE DILIGENCE, THE INVESTIGATING PERSON OR COMMITTEE

SHALL REPORT HIS OR ITS FINDINGS TO THE BOARD AS TO WHETHER KCS CAN

OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS FROM A

PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

C. IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY ATTAINABLE UNDER

CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE

BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS

Name of the organization KANSAS CITY SYMPHONY	Employer identification number 43-1297475
--	--

WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO KCS AND IF SUCH
 DECISION IS MADE, KCS MAY ENTER INTO THE TRANSACTION IN CONFORMITY WITH
 SUCH DETERMINATION. THE INTERESTED DIRECTOR SHALL NOT BE PRESENT FOR THE
 DISCUSSION OR VOTE.

4. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:

A. IF THE BOARD OR MEMBER OF THE BOARD OR STAFF HAS REASONABLE CAUSE TO
 BELIEVE THAT A DIRECTOR, OFFICER, MEMBER OF A COMMITTEE, OR KEY EMPLOYEE
 PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERESTS,
 THE EXECUTIVE COMMITTEE SHALL BE NOTIFIED AND THE EXECUTIVE COMMITTEE
 SHALL INFORM SUCH PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD SUCH
 PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

B. IF, AFTER HEARING THE RESPONSE OF SUCH PERSON AND MAKING SUCH FURTHER
 INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE EXECUTIVE
 COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN
 ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL REPORT ITS FINDINGS TO
 THE FULL BOARD, IN THE CASE OF A MEMBER, OFFICER OR COMMITTEE MEMBER, OR
 TO THE EXECUTIVE DIRECTOR IN THE CASE OF A KEY EMPLOYEE (PROVIDED,
 HOWEVER, IF THE PERSON WHO FAILED TO MAKE THE APPROPRIATE DISCLOSURE IS
 THE EXECUTIVE DIRECTOR, THE FINDINGS SHALL BE REPORTED TO THE FULL BOARD)
 AND THE FULL BOARD OR EXECUTIVE DIRECTOR SHALL TAKE APPROPRIATE
 DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY INCLUDE REMOVAL OR
 DISMISSAL.

SECTION E RECORDS OF PROCEEDINGS:

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS
 SHALL CONTAIN:

1. THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE
 A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF

Name of the organization KANSAS CITY SYMPHONY	Employer identification number 43-1297475
--	--

INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO
 DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S,
 INVESTIGATING PERSON'S, COMMITTEE'S OR EXECUTIVE COMMITTEE'S DECISION AS
 TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED.

2. THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSION AND VOTING
 RELATING TO THE TRANSACTION OR ARRANGEMENT, A REASONABLE SUMMARY OF THE
 CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED
 TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION
 THEREWITH. THE VOTES CAST BY PARTICULAR INDIVIDUALS SHALL NOT BE
 RECORDED, ONLY THE TOTALS.

Name of the organization KANSAS CITY SYMPHONY	Employer identification number 43-1297475
--	--

COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINES 15A & B

LINE 15A:

MANY TIMES THE ANNUAL SALARY INCREASE RECEIVED BY THE EXECUTIVE DIRECTOR HAS BEEN THE SAME AMOUNT BUDGETED FOR THE ENTIRE STAFF, NOT MORE THAN 3.5% IN ANY OF THE PAST 14 YEARS. HOWEVER, WHEN IN TOTAL THE EXECUTIVE DIRECTOR'S TOTAL COMPENSATION PACKAGE HAS BEEN REVIEWED OR WHEN BONUSES HAVE BEEN AWARDED, THE EXECUTIVE COMMITTEE HAS REVIEWED SALARY DATA COLLECTED BY THE LEAGUE OF AMERICAN ORCHESTRAS ANNUALLY. CHANGES IN THE TOTAL COMPENSATION HAVE BEEN MADE THAT ARE IN LINE WITH THE PACKAGES OFFERED BY OTHER SYMPHONY ORCHESTRAS WITH LIKE SIZE ANNUAL BUDGETS. THE BOARD PRESIDENT NOTIFIES THE DIRECTOR OF BUSINESS OPERATIONS IN WRITING OF ANY CHANGES TO BE MADE IN THE TOTAL COMPENSATION OF THE EXECUTIVE DIRECTOR.

LINE 15B:

THE ONLY OTHER OFFICER, AS DEFINED BY THE IRS, IS THE TOP FINANCIAL PERSON, WHO IS THE DIRECTOR OF BUSINESS OPERATIONS. THE EXECUTIVE DIRECTOR DETERMINES COMPENSATION FOR THIS INDIVIDUAL AND USES THE ANNUAL SALARY DATA COLLECTED BY THE LEAGUE OF AMERICAN ORCHESTRAS TO ASSURE THAT TOTAL COMPENSATION IS COMPARABLE TO LIKE SIZED ORCHESTRAS.

Name of the organization

Employer identification number

KANSAS CITY SYMPHONY

43-1297475

AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

TO PROVIDE GREAT PERFORMANCE FOR GREATER AUDIENCES.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THAUMUS, INC. 170 CLAREMONT AVENUE, APT 15 NEW YORK, NY 10027	CONDUCTING SERVICES	246,500.
HARVEST PRODUCTIONS 801 N. ATLANTIC AVENUE KANSAS CITY, MO 64116	SOUND AND LIGHTING	270,974.
HARVEST GRAPHICS 14565 W. 100TH STREET LENEXA, KS 66215	PRINTING	139,555.
TELEUNIQUE 1805 N. TALBOTT STREET INDIANAPOLIS, IN 46202	TELEMARKETING	117,204.
KANSAS CITY STAR PO BOX 802255 KANSAS CITY, MO 64180	ADVERTISING	153,761.
TOTAL COMPENSATION		927,994.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION	AMOUNT
-----	-----
SYMPHONY BALL	840,790.
JEWEL BALL	446,159.
OTHER FUNDRAISING EVENTS	70,369.
TOTAL	----- 1,357,318. =====

FORM 990, PART VIII - FUNDRAISING EVENTS

=====

DESCRIPTION -----	GROSS I N C O M E -----	DIRECT E X P E N S E S -----	NET I N C O M E -----
SYMPHONY BALL	176,695.	184,055.	-7,360.
JEWEL BALL	207,822.	392,629.	-184,807.
OTHER FUNDRAISING EVENTS	329,867.	209,604.	120,263.
TOTALS	714,384.	786,288.	-71,904.

=====

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning 07/01, 2008, and ending 06/30, 2009. See separate instructions.

Check box if address changed

B Exempt under section
 501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year
7,534,846.

Print or Type

Name of organization (Check box if name changed and see instructions.)
KANSAS CITY SYMPHONY
Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
1703 WYANDOTTE STREET, SUITE 200
City or town, state, and ZIP code
KANSAS CITY, MO 64108

D Employer identification number
(Employees' trust, see instructions for Block D on page 9.)
43-1297475

E Unrelated business activity codes
(See instructions for Block E on page 9.)

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of BARBARA TATE Telephone number 816-218-2610

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1 c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 b		
c Capital loss deduction for trusts		4 c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See page 11 of the instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13		

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See page 13 of the instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16.
37 Proxy tax. See page 16 of the instructions.
38 Alternative minimum tax.
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40 b Other credits (see page 17 of the instructions)
40 c General business credit. Attached Form 3800
40 d Credit for prior year minimum tax (attach Form 8801 or 8827)
40 e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).
43 Total tax. Add lines 41 and 42
44 a Payments: A 2007 overpayment credited to 2008
44 b 2008 estimated tax payments
44 c Tax deposited with Form 8868
44 d Foreign organizations: Tax paid or withheld at source (see instructions)
44 e Backup withholding (see instructions)
44 f Other credits and payments: Form 2439 Other Total
45 Total payments. Add lines 44a through 44f
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4 a Additional section 263A costs (attach schedule)
4 b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code BKD, LLP 120 WEST 12TH STREET, SUITE 1200 KANSAS CITY, MO 64105-1936
EIN 44-0160260 Phone no. 816 221-6300

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns: 2 Rent received or accrued (a) From personal property, (b) From real and personal property; 3(a) Deductions directly connected with the income; (b) Total deductions. Includes a Total row and instructions for (c) Total income.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table for Schedule E with columns: 1 Description of debt-financed property; 2 Gross income from or allocable to debt-financed property; 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions; 4 Amount of average acquisition debt; 5 Average adjusted basis; 6 Column 4 divided by column 5; 7 Gross income reportable; 8 Allocable deductions. Includes a Totals row.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Schedule F - Exempt Controlled Organizations with columns: 1 Name of controlled organization; 2 Employer identification number; 3 Net unrelated income; 4 Total of specified payments made; 5 Part of column 4 that is included in the controlling organization's gross income; 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Schedule F - Nonexempt Controlled Organizations with columns: 7 Taxable Income; 8 Net unrelated income; 9 Total of specified payments made; 10 Part of column 9 that is included in the controlling organization's gross income; 11 Deductions directly connected with income in column 10. Includes a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5) . . . ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 5			%
			%
			%
			%

Total. Enter here and on page 1, Part II, line 14 ▶ NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
SHIRLEY B. HELZBERG 1020 CENTRAL 300 KANSAS CITY, MO 64105	PRESIDENT	NONE	NONE
ROBERT A. KIPP 1020 CENTRAL 300 KANSAS CITY, MO 64105	VICE PRESIDENT	NONE	NONE
MICHAEL D. FIELDS 1020 CENTRAL 300 KANSAS CITY, MO 64105	VICE PRESIDENT	NONE	NONE
WILLIAM M. LYONS 1020 CENTRAL 300 KANSAS CITY, MO 64105	VICE PRESIDENT	NONE	NONE
JOSHUA SOSLAND 1020 CENTRAL 300 KANSAS CITY, MO 64105	VICE PRESIDENT	NONE	NONE
WILLIAM B. TAYLOR 1020 CENTRAL 300 KANSAS CITY, MO 64105	SECRETARY/TREASURER	NONE	NONE
HO ANTHONY AHN 1020 CENTRAL	DIRECTOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
300 KANSAS CITY, MO 64105			
ANN BILDERBACK 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
SEAN BRUMBLE 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
LAURIE BURGESS 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
PETER DESILVA 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
ANN DICKINSON 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
MARK ERNST 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
MARVIN GRUENBAUM 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
JOAN HORAN 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
PETER S. LEVI 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
RICHARD W. MILLER 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
PATRICK A. PERSOHN 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
DAMON SHELBY PORTER 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
GWYN PRENTICE 1020 CENTRAL	DIRECTOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
300 KANSAS CITY, MO 64105			
NELSON R. SABATES 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
THOMAS M. SCOTT 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
RICHARD H. SPENCER 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR	NONE	NONE
KRISTINE STANLEY 1020 CENTRAL 300 KANSAS CITY, MO 64105	ASSISTANT SECRETARY	NONE	NONE
FRANK BYRNE 1020 CENTRAL 300 KANSAS CITY, MO 64105	EXECUTIVE DIRECTOR	NONE	NONE
BARBARA TATE 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR BUSINESS OPERATIONS	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

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NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
TOTAL COMPENSATION			----- NONE =====