

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2006

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 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type See Specific Instructions

## C Name of organization

KANSAS CITY SYMPHONY

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

1020 CENTRAL

Room/suite

300

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

KANSAS CITY, MO 64105

## D Employer identification number

43-1297475

## E Telephone number

( ) - ( ) - ( )

F Accounting method ☐ Cash ☒ Accrual

☐ Other (specify) \_\_\_\_\_

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐ Yes ☐ NoH(c) Are all affiliates included? (If "No," attach a list See instructions) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ☐M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: KCSYMPHONY.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no ) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 12,120,728.

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

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	7,764,027.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	200,116.		
e	Total (add lines 1a through 1d) (cash \$ 7,964,143. noncash \$ )	1e	7,964,143.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,875,057.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	59,664.		
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a	6c			
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	1,190,000.	8a	31,864.
b	Less cost or other basis and sales expenses		1,178,927.	8b	
c	Gain or (loss) (attach schedule)		11,073.	8c	31,864.
d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	42,937.
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	10,941,801.		
13	Program services (from line 44, column (B))	13	8,461,188.		
14	Management and general (from line 44, column (C))	14	1,334,275.		
15	Fundraising (from line 44, column (D))	15	589,708.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17	10,385,171.		
18	Excess or (deficit) for the year Subtract line 17 from line 12	18	556,630.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,137,494.		
20	Other changes in net assets or fund balances (attach explanation) STMT. 1. STMT. 2.	20	349,191.		
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	6,043,315.		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

617

21

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)					
<b>24</b> Benefits paid to or for members (attach schedule)					
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)		804,334.	229,134.	528,543.	46,657.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)					
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)					
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c		6,324,629.	5,980,067.	16,362.	328,200.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c		109,893.	105,955.	1,779.	2,159.
<b>28</b> Employee benefits not included on lines 25a - 27					
<b>29</b> Payroll taxes					
<b>30</b> Professional fundraising fees					
<b>31</b> Accounting fees					
<b>32</b> Legal fees					
<b>33</b> Supplies		180,633.	46,946.	83,366.	50,321.
<b>34</b> Telephone		45,711.	31,317.	7,818.	6,576.
<b>35</b> Postage and shipping		94,253.	75,488.	5,881.	12,884.
<b>36</b> Occupancy		127,600.	17,325.	110,275.	
<b>37</b> Equipment rental and maintenance					
<b>38</b> Printing and publications		188,238.	150,594.	192.	37,452.
<b>39</b> Travel		193,337.	134,296.	49,667.	9,374.
<b>40</b> Conferences, conventions, and meetings					
<b>41</b> Interest		133,641.		133,641.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)		112,749.		112,749.	
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> CONCERT PRODUCTION		391,004.	391,004.		
<b>b</b> OTHER PROFESSIONAL SERVICE		688,216.	407,999.	197,807.	82,410.
<b>c</b> ADVERTISING		323,171.	316,793.		6,378.
<b>d</b> MISCELLANEOUS		73,835.	52,720.	13,818.	7,297.
<b>e</b> TAXES		1,500.	1,500.		
<b>f</b> INSURANCE		72,377.		72,377.	
<b>g</b> GUEST ARTISTS AND CONDUCT		520,050.	520,050.		
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).		10,385,171.	8,461,188.	1,334,275.	589,708.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	650.	<b>45</b>	650.
	<b>46</b> Savings and temporary cash investments . . . . .	1,136,681.	<b>46</b>	947,116.
	<b>47a</b> Accounts receivable . . . . .	613,168.		
	<b>b</b> Less allowance for doubtful accounts . . . . .	3,245.	<b>47c</b>	609,923.
	<b>48a</b> Pledges receivable . . . . .	1,813,684.		
	<b>b</b> Less allowance for doubtful accounts . . . . .		<b>48c</b>	1,813,684.
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . . STMT. 5 . . . . .	15.	<b>50a</b>	NONE
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .			
	<b>b</b> Less allowance for doubtful accounts . . . . .		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	347,424.	<b>53</b>	355,288.
	<b>54a</b> Investments - publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>	
	<b>b</b> Investments - other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
	<b>55a</b> Investments - land, buildings, and equipment basis . . . . .	1,318,968.		
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	918,017.	<b>55c</b>	400,951.
	<b>56</b> Investments - other (attach schedule) . . . . . STMT. 6 . . . . .	453,149.	<b>56</b>	796,755.
<b>57a</b> Land, buildings, and equipment basis . . . . .				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .		<b>57c</b>		
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 7 ) . . . . .	3,258,830.	<b>58</b>	3,344,080.	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	7,412,007.	<b>59</b>	8,268,447.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	503,624.	<b>60</b>	596,579.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . . STMT. 8 . . . . .	1,163,308.	<b>62</b>	1,352,111.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	159,146.	<b>64b</b>	NONE
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT. 9 ) . . . . .	448,435.	<b>65</b>	276,442.
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	2,274,513.	<b>66</b>	2,225,132.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b> . . . . .			
	<b>67</b> Unrestricted . . . . .	1,747,851.	<b>67</b>	2,098,110.
	<b>68</b> Temporarily restricted . . . . .	55,813.	<b>68</b>	551,125.
	<b>69</b> Permanently restricted . . . . .	3,333,830.	<b>69</b>	3,394,080.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b> . . . . .			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	5,137,494.	<b>73</b>	6,043,315.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	7,412,007.	<b>74</b>	8,268,447.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	11,072,676.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	58,148.
<b>2</b>	Donated services and use of facilities	<b>b2</b>	72,727.
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	130,875.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	10,941,801.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	10,941,801.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	10,457,898.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	72,727.
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) -----	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	72,727.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	10,385,171.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) -----	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . . ▶	<b>e</b>	10,385,171.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

[illegible]

Yes	No
-----	----

	Yes	No

75b		X
-----	--	---

75c		X
-----	--	---

75d		X
-----	--	---

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	<b>Yes</b>	<b>No</b>
--	------------	-----------

76		X
----	--	---

77		X
----	--	---

[illegible]

78a	X
-----	---

78b	N/A
-----	-----

79		X
----	--	---

80a	X	
-----	---	--

[illegible][illegible]

81a	NONE
-----	------

81b	X
-----	---

**Part VI Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).		
82b	72,727.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85 501(c)(4), (5), or (6) organizations a	Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
85c			
d	Section 162(e) lobbying and political expenditures	N/A	
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86 501(c)(7) orgs	Enter a Initiation fees and capital contributions included on line 12	N/A	
86a			
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86b			
87 501(c)(12) orgs	Enter a Gross income from members or shareholders	N/A	
87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87b			
88 b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a 501(c)(3) organizations	Enter Amount of tax imposed on the organization during the year under section 4911	NONE	
	section 4912	NONE	
	section 4955	NONE	
b 501(c)(3) and 501(c)(4) orgs	Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	NONE	
e All organizations	At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f All organizations	Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g For supporting organizations and sponsoring organizations maintaining donor advised funds	Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
89g			
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	26	
90b			
91 a	The books are in care of	BARBARA TATE	
	Located at	1020 CENTRAL KANSAS CITY, MO	
	Telephone no	816-471-1100	
	ZIP + 4	64105	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91b			
	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		

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c

X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** - Check here . . . . . ☐

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92

N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>TICKET SALES</u>					2,089,237.
b <u>PERFORMANCE FEES</u>					785,820.
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	59,664.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	42,937.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				102,601.	2,875,057.
105 Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					2,977,658.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	STMT 16

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .

Yes ☐ No ☒

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .

Yes ☐ No ☒

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

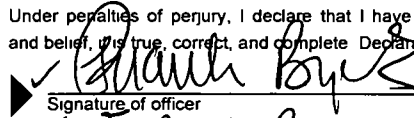
<b>106</b>	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			N/A

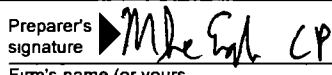
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

<b>107</b>	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
			N/A

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date 14 May 2008
	Type or print name and title FRANK BYRNE Executive Director	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X)
		MAY 14 2008	<input type="checkbox"/>	P00482834
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	
	BKD, LLP 120 WEST 12TH STREET, SUITE 1200 KANSAS CITY, MO 64105-1936	44-0160260	816 221-6300	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization

KANSAS CITY SYMPHONY

Employer identification number

43-1297475

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 17				
Total number of other employees paid over \$50,000 . . ▶		17		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 18		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 19		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2006

**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .	<b>1</b>		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>		X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . . STMT. 20	<b>2c</b>	X	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT. 21	<b>2d</b>	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) . . . . .	<b>3a</b>		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b>	X	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	<b>3c</b>		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>		X
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g . . . . .	<b>4a</b>		X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b>	N/A	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b>	N/A	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶			NONE
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶			NONE
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶			NONE
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶			NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .	7,212,815.	7,594,927.	6,771,450.	7,046,042.	28,625,234.
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	2,599,430.	2,297,901.	2,096,630.	2,119,696.	9,113,657.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	45,650.	17,014.	16,948.	8,526.	88,138.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	STMT 22	16,419.	18,637.	22,632.	57,688.
<b>23</b> Total of lines 15 through 22 . . . . .	9,857,895.	9,926,261.	8,903,665.	9,196,896.	37,884,717.
<b>24</b> Line 23 minus line 17 . . . . .	7,258,465.	7,628,360.	6,807,035.	7,077,200.	28,771,060.
<b>25</b> Enter 1% of line 23 . . . . .	98,579.	99,263.	89,037.	91,969.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. NQT, APPLICABLE . . . . .					<b>26a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					<b>26b</b>
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . .					<b>26c</b>
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ . . . . .					<b>26d</b>
e Public support (line 26c minus line 26d total) . . . . .					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					<b>26f</b> %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  (2005) _____ (2004) _____ (2003) _____ (2002) _____  b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2005) _____ (2004) _____ (2003) _____ (2002) _____  c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 _____ 21 _____ . . . . .					<b>27c</b> 37,738,891.
d Add: Line 27a total _____ and line 27b total _____ . . . . .					<b>27d</b> 18,984,846.
e Public support (line 27c total minus line 27d total) . . . . .					<b>27e</b> 18,754,045.
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . .					<b>27f</b> 37,884,717.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					<b>27g</b> 49.5029 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					<b>27h</b> 0.2326 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions )

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities?	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 . . . . . \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 13 of the instructions )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2006</b>	<b>(b) 2005</b>	<b>(c) 2004</b>	<b>(d) 2003</b>	<b>(e) Total</b>
<b>45</b> Lobbying nontaxable amount . . . . .					
Lobbying ceiling amount					
<b>46</b> (150% of line 45(e)) . . .					
<b>47</b> Total lobbying expenditures					
Grassroots nontaxable amount					
<b>48</b> (150% of line 47(e)) . . .					
Grassroots ceiling amount					
<b>49</b> (150% of line 48(e)) . . .					
Grassroots lobbying expenditures . . . . .					
<b>50</b>					

**Part VI-B Lobbying Activity by Nonelecting Public Charities****NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Volunteers . . . . .				
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> ) . . .				
<b>c</b> Media advertisements . . . . .				
<b>d</b> Mailings to members, legislators, or the public . . . . .				
<b>e</b> Publications, or published or broadcast statements . . . . .				
<b>f</b> Grants to other organizations for lobbying purposes . . . . .				
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .				
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .				
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> ) . . . . .				

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

**(i) Cash**

(ii) Other assets

**b Other transactions**

**(i) Sales or exchanges of assets with a noncharitable exempt organization**

**(ii) Purchases of assets from a noncharitable exempt organization**

**(iii) Rental of facilities, equipment, or other assets**

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

**b** If "Yes," complete the following schedule:

[illegible]



## FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

## =====

## DESCRIPTION

## AMOUNT

-----

-----

UNREALIZED GAINS ON INVESTMENTS

58,148.

ENDOWMENT APPRECIATION

433,707.

TOTAL

-----

491,855.

=====

## FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

## DESCRIPTION

## AMOUNT

RELEASE OF NET ASSETS HELD FOR OTHERS

142,664.

TOTAL

142,664.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE KANSAS CITY SYMPHONY'S PRIMARY PURPOSE IS TO PERFORM AND PROMOTE  
MUSICAL PROGRAMS.

## FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

## PROGRAM SERVICE ACCOMPLISHMENT A

-----  
THE KANSAS CITY SYMPHONY (THE SYMPHONY) WAS INCORPORATED IN  
MAY 1983 AS A MISSOURI NOT-FOR-PROFIT CORPORATION.

THE VISION OF THE KANSAS CITY SYMPHONY IS TO TRANSFORM  
HEARTS, MINDS AND COMMUNITIES THROUGH THE POWER OF  
SYMPHONIC MUSIC. WE HOPE TO ACCOMPLISH THIS BY PROVIDING  
GREAT PERFORMANCES FOR GREATER AUDIENCES. THE KANSAS CITY  
SYMPHONY WILL ACHIEVE THIS MISSION BY:

\*DEVELOPING AN UNCOMPROMISING PERFORMANCE STANDARD.

\*ADVANCING THE PROFILE AND VALUE OF THE ORCHESTRA LOCALLY,  
NATIONALLY AND INTERNATIONALLY.

\*DEVELOPING THE FINANCIAL RESOURCES TO ALLOW THE ORCHESTRA  
TO THRIVE TODAY AND TOMORROW.

\*CREATING AN INTERNAL CULTURE THAT STIMULATES EFFECTIVE  
RELATIONSHIPS WITHIN AND BETWEEN BOARD, STAFF, AND  
MUSICIANS.

\*DEVELOPING AUDIENCES AND PARTNERSHIPS THAT ALLOW THE  
ORCHESTRA TO THRIVE TODAY AND TOMORROW

DURING THE 2007 FISCAL YEAR, THE KANSAS CITY SYMPHONY MADE  
PERFORMANCES OF CLASSICAL AND POPULAR MUSIC REPERTOIRE, PIT  
ORCHESTRA SERVICES FOR THE STATE BALLET OF MISSOURI AND THE  
LYRIC OPERA AND NUMEROUS PERFORMANCES GEARED TOWARD  
CHILDREN AND YOUTH. APPROXIMATELY 36,773 PEOPLE WERE  
SERVED AT LOCAL MAIN SERIES, 40,000 PEOPLE WERE SERVED AT  
LOCAL COMMUNITY OUTREACH PERFORMANCES AND 65,000 FROM  
BROADCAST, LOCAL EDUCATIONAL PERFORMANCES SERVED 10,407  
PEOPLE, AND LOCAL HOLIDAY PRODUCTIONS SERVED 9,000 PEOPLE.

FORM 990, PART IV - RECEIVABLES DUE FROM OFFICERS, ETC.  
=====

BORROWER: ROLAND VALLIERE

ORIGINAL AMOUNT: 50,000.

DATE OF NOTE: 10/27/1999

MATURITY DATE: 06/30/2004

REPAYMENT TERMS: FORGIVEN IF EMPLOYED BY LENDER AT 6/30 EACH YEAR

SECURITY PROVIDED: TERM NOTE

DESCRIPTION AND FMV CASH

OF CONSIDERATION:

BEGINNING BALANCE DUE ..... 15.

ENDING BALANCE DUE ..... NONE  
-----TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC. 15.  
=====TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC. NONE  
=====

## FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
INTERNALLY DESIGNATED-TEMP INV	453,149.	796,755.
	-----	-----
TOTALS	453,149.	796,755.
	=====	=====

FORM 990, PART IV - OTHER ASSETS  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
INT. IN ASSETS HELD BY OTHERS	3,258,830.	3,344,080.
	-----	-----
TOTALS	3,258,830.	3,344,080.
	=====	=====

## FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED INCOME-TICKET SALES	1,163,308.	1,352,111.
	-----	-----
TOTALS	1,163,308.	1,352,111.
	=====	=====



## FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CONSULTING OBLIGATION	448,435.	276,442.
	-----	-----
TOTALS	448,435.	276,442.
	=====	=====

## KANSAS CITY SYMPHONY

43-1297475

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
SHIRLEY B HELZBERG 1020 CENTRAL 300 KANSAS CITY, MO 64105	PRESIDENT 1.00	NONE	NONE	NONE
ROBERT A KIPP 1020 CENTRAL 300 KANSAS CITY, MO 64105	VICE PRESIDENT 1.00	NONE	NONE	NONE
MICHAEL D FIELDS 1020 CENTRAL 300 KANSAS CITY, MO 64105	VICE PRESIDENT 1.00	NONE	NONE	NONE
JOSH SOSLAND 1020 CENTRAL 300 KANSAS CITY, MO 64105	VICE PRESIDENT 1.00	NONE	NONE	NONE
WILLIAM B TAYLOR 1020 CENTRAL 300 KANSAS CITY, MO 64105	SECRETARY/TREASURER 1.00	NONE	NONE	NONE
SARAH ROWLAND	DIRECTOR 1.00	NONE	NONE	NONE

## KANSAS CITY SYMPHONY

43-1297475

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
1020 CENTRAL 300 KANSAS CITY, MO 64105				
CARA Z NEWELL 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
NELSON SABATES 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
THOMAS SCOTT 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
RICHARD SPENCER 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
KELLY CORNELL 1020 CENTRAL 300	DIRECTOR/KCS MUSICIAN 1.00	41,840.	13,082.	NONE

KANSAS CITY SYMPHONY

43-1297475

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KANSAS CITY, MO 64105				

COMPENSATION IS PAID FOR THE ROLE OF A MUSICIAN VERSUS COMPENSATION AS A  
DIRECTOR OF THE BOARD.

ANN DICKINSON 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
---	------------------	------	------	------

RICHARD MILLER 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
--	------------------	------	------	------

LINDA HARTMAN 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
---	------------------	------	------	------

BRIAN ROOD 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR/KCS MUSICIAN 1.00	43,453.	15,227.	NONE
--	-------------------------------	---------	---------	------

COMPENSATION IS PAID FOR THE ROLE OF A MUSICIAN VERSUS COMPENSATION AS A  
DIRECTOR OF THE BOARD.

## KANSAS CITY SYMPHONY

43-1297475

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
PETER J DESILVA 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
JOHN R GOODMAN 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
MARVIN GRUENBAUM 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR/KCS MUSICIAN 1.00	43,073.	7,500.	NONE
WILLIAM M LYONS 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
DAMON SHELBY PORTER 1020 CENTRAL 300	DIRECTOR 1.00	NONE	NONE	NONE

COMPENSATION IS PAID FOR THE ROLE OF A MUSICIAN VERSUS COMPENSATION AS A  
DIRECTOR OF THE BOARD.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
KANSAS CITY, MO 64105				
KRISTIN LACEY VELICER 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR/KCS MUSICIAN 1.00	49,269.	15,690.	NONE
COMPENSATION IS PAID FOR THE ROLE OF A MUSICIAN VERSUS COMPENSATION AS A DIRECTOR OF THE BOARD.				
RON FREDMAN 1020 CENTRAL 300 KANSAS CITY, MO 64105	DEVELOPMENT DIRECTOR 35.00	40,228.	6,429.	NONE
FRANK BYRNE 1020 CENTRAL 300 KANSAS CITY, MO 64105	EXECUTIVE DIRECTOR 35.00	169,942.	69,337.	NONE
BARBARA TATE 1020 CENTRAL 300 KANSAS CITY, MO 64105	DIRECTOR BUSINESS OPERATIONS 35.00	89,258.	17,906.	NONE
JEFF BARKER	MARKETING DIRECTOR 35.00	61,099.	12,525.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1020 CENTRAL 300 KANSAS CITY, MO 64105				
ANDREW BIRGENSMITH 1020 CENTRAL 300 KANSAS CITY, MO 64105	GENERAL MANAGER 35.00	89,785.	18,691.	NONE
	GRAND TOTALS	627,947.	176,387.	NONE
		=====	=====	=====

## FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
--------------------	---

93A-	SCHOOL, YOUTH AND FAMILY CONCERTS WERE GIVEN TO THE AUDIENCE
93B	AT A REDUCED RATE OR FREE OF CHARGE. THIS IS POSSIBLE AS A RESULT OF VARIOUS DONATIONS SPECIFIED FOR THESE CONCERTS AND FEES CHARGED FOR OTHER PERFORMANCES. THE KANSAS CITY SYMPHONY HAS AS ITS FIRST PURPOSE THE PRESENTATION OF PERFORMANCES OF A BROAD RANGE OF SYMPHONIC MUSIC AT THE HIGHEST LEVEL, INCLUDING MUSIC OF OUR TIME, ESPECIALLY BY AMERICANS. THE SYMPHONY HAS A COMMITMENT TO EDUCATION OF EXISTING AUDIENCES, PROVIDING SERVICE AND ACCESSIBILITY FOR ITS CULTURALLY DIVERSE POPULATION BASE.



## KANSAS CITY SYMPHONY

43-1297475

## SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KANAKO ITO 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	CONCERT MISTRESS 20.00	93,249.	22,400.	NONE
LORA SCHAEFFER BERNDT 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	PRINCIPAL OBOE 20.00	61,599.	15,911.	NONE
GRIGORI SANDOMIRSKI 1020 CENTRAL KANSAS CITY, MO 64105	ASSOC CONCERTMASTER 20.00	58,113.	15,271.	NONE
DEBORAH CLARK 1020 CENTRAL KANSAS CITY, MO 64105	PRINCIPAL HARP 20.00	56,004.	15,074.	NONE
MARK GIBBS 1020 CENTRAL KANSAS CITY, MO 64105	PRINCIPAL CELLO 20.00	55,972.	15,192.	NONE
TOTAL COMPENSATION		324,937.	83,848.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

THAUMAS INC 110 S FAIRFAX AVENUE SUITE 375 LOS ANGELES, CA 90036	CONDUCTING FEES	190,000.
CRSTAGER PO BOX 94 OLD BETHPAGE, NY 11804	MARKETING CONSULTING	103,700.
TELEUNIQUE MCQNICATIONS 1805 N TALBOTT STREET INDIANAPOLIS, IN 46202	TELEMKTNG/FUND.SERV.	114,316.
BKEENEY SOFTWARE INC 13707 W 75TH PLACE LENEXA, KS 66216	DATABASE MNGT/SUPP	72,163.
INTERNATIONAL CREATIVE MANAGEMENT INC 8942 WILSHIRE BLVD BEVERLY HILLS, CA 90211	ARTIST FEES	204,900.
TOTAL COMPENSATION		----- 685,079. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====HARVEST PRODUCTIONS  
801 N ATLANTIC AVENUE  
KANSAS CITY, MO 64116

STAGE SOUND &amp; LIGHTS 178,987.

TOTAL COMPENSATION

-----  
178,987.  
=====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

A BOARD MEMBER OF THE KANSAS CITY SYMPHONY IS ALSO A PARTNER AT A LAW FIRM WHICH PROVIDES LEGAL SERVICES AT DISCOUNTED RATES.

A BOARD MEMBER OF THE KANSAS CITY SYMPHONY IS ALSO AN OFFICER OF A BANK WHICH PROVIDES BANKING SERVICES AT STANDARD RATES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

SEE FORM 990, PART V-A

## SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
MISCELLANEOUS		16,419.	18,637.	22,632.	57,688.
TOTALS		16,419.	18,637.	22,632.	57,688.

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

► **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

**2006**

Name of estate or trust

Employer identification number

KANSAS CITY SYMPHONY

43-1297475

**Note:** Form 5227 filers need to complete **only** Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1					
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet				4 ( )
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below				5

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6					
SEE STATEMENT 1			1,221,864.	1,178,927.	42,937.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8
9	Capital gain distributions				9
10	Gain from Form 4797, Part I				10
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet				11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below				12 42,937.

**Part III Summary of Parts I and II**

**Caution:** Read the instructions **before** completing this part

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		
14 Net long-term gain or (loss):			
a Total for year	14a		42,937.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36)	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		42,937.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2006

**Part IV Capital Loss Limitation****16** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of**a** The loss on line 15, column (3) **or****b** \$3,000**16** ( )*If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover***Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero )**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17**17** Enter taxable income from Form 1041, line 22**17****18** Enter the **smaller** of line 14a or 15 in column (2) but not less than zero**18****19** Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)**19****20** Add lines 18 and 19**20****21** If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶**21****22** Subtract line 21 from line 20. If zero or less, enter -0-**22****23** Subtract line 22 from line 17. If zero or less, enter -0-**23****24** Enter the **smaller** of the amount on line 17 or \$2,050**24****25** Is the amount on line 23 equal to or more than the amount on line 24?☐ **Yes.** Skip lines 25 through 27, go to line 28 and check the "No" box☐ **No.** Enter the amount from line 23**25****26** Subtract line 25 from line 24**26****27** Multiply line 26 by 5% ( .05)**27****28** Are the amounts on lines 22 and 26 the same?☐ **Yes.** Skip lines 28 through 31, go to line 32☐ **No.** Enter the **smaller** of line 17 or line 22**28****29** Enter the amount from line 26 (If line 26 is blank, enter -0-)**29****30** Subtract line 29 from line 28**30****31** Multiply line 30 by 15% ( .15)**31****32** Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions**32****33** Add lines 27, 31, and 32**33****34** Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions**34****35** **Tax on all taxable income.** Enter the **smaller** of line 33 or line 34 here and on line 1a of Schedule G, Form 1041**35**

Schedule D (Form 1041) 2006



## Schedule D Detail of Long-term Capital Gains and Losses

[illegible]

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>KANSAS CITY SYMPHONY</b>	Employer identification number <b>43-1297475</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1020 CENTRAL</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KANSAS CITY, MO 64105</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **BARBARA TATE**

Telephone No. **816 471-1100**

FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box. ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **05/15, 2008**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **07/01, 2006**, and ending **06/30, 2007**.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ <b>NONE</b>
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Alan J. Barnes** Title \_\_\_\_\_ Date **FEB 13 2008**

**Notice to Applicant. (To Be Completed by the IRS)**

<input type="checkbox"/>	We have approved this application. Please attach this form to the organization's return.
<input type="checkbox"/>	We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
<input type="checkbox"/>	We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
<input type="checkbox"/>	We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
<input type="checkbox"/>	Other _____

By: \_\_\_\_\_

Director

Date

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>BKD, LLP</b>
	Number and street (Include suite, room, or apt. no.) or a P.O. box number <b>120 WEST 12TH STREET, SUITE 1200</b>
	City or town, province or state, and country (including postal or ZIP code) <b>KANSAS CITY, MO 64105-1936</b>

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box ☐ and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>KANSAS CITY SYMPHONY</b>	Employer identification number <b>43-1297475</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1020 CENTRAL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KANSAS CITY, MO 64105</b>	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ **BARBARA TATE**

Telephone No. ▶ **816 471-1100**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **02/15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year \_\_\_\_\_ or  
 ▶ ☒ tax year beginning **07/01, 2006**, and ending **06/30, 2007**

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>NONE</b>
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2007)