

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ 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) Room/suite

1020 CENTRAL, SUITE 300

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

KANSAS CITY, MO 64105

D Employer identification number

43-1297475

E Telephone number

(816) 471-1100

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 ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I 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 ▶ 12,759,982.

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	8,513,300.			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d	259,796.			
e Total (add lines 1a through 1d) (cash \$ 8,633,105. noncash \$ 139,991.)	1e			8,773,096.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			3,405,990.	
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			85,137.	
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		(B) Other		
b Less: cost or other basis and sales expenses	120,000.	8a			
c Gain or (loss) (attach schedule)	119,226.	8b	7,272.		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	774.	8c	-7,272.		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				8d -6,498.	
a Gross revenue (not including \$ 1,445,500. of STMT 2 contributions reported on line 1b)	\$TMT. 3.	9a	295,510.		
b Less: direct expenses other than fundraising expenses		9b	295,510.		
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			80,249.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			12,337,974.	
13 Program services (from line 44, column (B))	13			9,693,734.	
14 Management and general (from line 44, column (C))	14			1,334,686.	
15 Fundraising (from line 44, column (D))	15			1,127,802.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 16 and 44, column (A)	17			12,156,222.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			181,752.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			6,043,315.	
20 Other changes in net assets or fund balances (attach explanation)	20			-241,034.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			5,984,033.	

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

Form 990 (2007)

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
22a Grants paid from donor advised funds (attach schedule)				
(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule)				
(cash \$ 250,000. noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	250,000.	250,000.	STMT 5	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	975,277.	510,861.	351,908.	112,508.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	4,991,810.	4,711,986.	77,637.	202,187.
27 Pension plan contributions not included on lines 25a, b, and c	300,298.	264,050.	20,560.	15,688.
28 Employee benefits not included on lines 25a-27	1,154,989.	1,039,542.	58,073.	57,374.
29 Payroll taxes	562,662.	494,745.	38,523.	29,394.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	281,238.	67,357.	83,038.	130,843.
34 Telephone	49,586.	34,910.	7,441.	7,235.
35 Postage and shipping	124,522.	107,010.	5,143.	12,369.
36 Occupancy	130,497.	20,532.	109,965.	
37 Equipment rental and maintenance				
38 Printing and publications	183,131.	158,640.	156.	24,335.
39 Travel	229,519.	173,672.	44,110.	11,737.
40 Conferences, conventions, and meetings				
41 Interest	119,321.		116,958.	2,363.
42 Depreciation, depletion, etc. (attach schedule)	113,276.		113,276.	
43 Other expenses not covered above (itemize):				
a STMT 6	2,690,096.	1,860,429.	307,898.	521,769.
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	12,156,222.	9,693,734.	1,334,686.	1,127,802.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **SEE STATEMENT 8**

(Grants and allocations \$ 250,000.) If this amount includes foreign grants, check here ☐

9,693,734.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

9,693,734.

Form 990 (2007)

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	
Assets	45 Cash - non-interest-bearing	650.	45	650.	
	46 Savings and temporary cash investments	947,116.	46	2,039,901.	
	47a Accounts receivable	561,842.			
	b Less: allowance for doubtful accounts	15,000.	609,923.	47c	546,842.
	48a Pledges receivable	2,206,478.			
	b Less: allowance for doubtful accounts		1,813,684.	48c	2,206,478.
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	355,288.	53	330,313.	
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a	
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation (attach schedule)			55c		
56 Investments - other (attach schedule) STMT. 9	4,140,835.	56	3,770,099.		
57a Land, buildings, and equipment: basis	1,398,104.				
b Less: accumulated depreciation (attach schedule)	909,097.	400,951.	57c	489,007.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58		
59 Total assets (must equal line 74). Add lines 45 through 58	8,268,447.	59	9,383,290.		
Liabilities	60 Accounts payable and accrued expenses	596,579.	60	1,131,920.	
	61 Grants payable		61		
	62 Deferred revenue	1,352,111.	62	2,008,446.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> STMT. 10)	276,442.	65	258,891.	
66 Total liabilities. Add lines 60 through 65	2,225,132.	66	3,399,257.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	2,098,110.	67	1,798,371.	
	68 Temporarily restricted	551,125.	68	781,107.	
	69 Permanently restricted	3,394,080.	69	3,404,555.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	6,043,315.	73	5,984,033.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	8,268,447.	74	9,383,290.	

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

a	Total revenue, gains, and other support per audited financial statements	a	12,782,276.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	148,792.
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 11</u>	b4	295,510.
	Add lines b1 through b4	b	444,302.
c	Subtract line b from line a	c	12,337,974.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d.	e	12,337,974.

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

a	Total expenses and losses per audited financial statements	a	12,600,524.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	148,792.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):-- <u>SEE STATEMENT 12</u> -----	b4	295,510.
	Add lines b1 through b4	b	444,302.
c	Subtract line b from line a	c	12,156,222.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):-----	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	12,156,222.

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
-----	----

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(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]

	Yes	No
--	-----	----

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ► <u>KANSAS CITY SYMPHONY FOUNDATION</u> _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	NONE	
81a	Enter direct and indirect political expenditures. (See line 81 instructions.).	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

		Yes	No
82a	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	148,792.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	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?		
84b		N/A	
85a	501(c)(4), (5), or (6). 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	
85b	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.	N/A	
c	Dues, assessments, and similar amounts from members		
85c		N/A	
d	Section 162(e) lobbying and political expenditures		
85d		N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e		N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f		N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85g		N/A	
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		N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a		N/A	
b	Gross receipts, included on line 12, for public use of club facilities		
86b		N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a		N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b		N/A	
88a	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
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			X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
	section 4911 <input type="checkbox"/> NONE ; section 4912 <input type="checkbox"/> NONE ; section 4955 <input type="checkbox"/> 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			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<input type="checkbox"/> NONE		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<input type="checkbox"/> NONE		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			X
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		N/A	
90a	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, 2007 (See instructions.)	138	
90b		138	
91a	The books are in care of <u>BARBARA TATE</u> Telephone no. <u>816-218-2610</u>		
	Located at <u>1020 CENTRAL KANSAS CITY, MO</u> ZIP +4 <u>64105</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91b	If "Yes," enter the name of the foreign country		X
	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)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No
 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>					2,394,543.
b <u>PERFORMANCE FEES</u>					1,011,447.
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	85,137.	
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	-6,498.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b <u>OTHER INCOME</u>			01	80,249.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				158,888.	3,405,990.
105 Total (add line 104, columns (B), (D), and (E))					3,564,878.

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 19

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).**106** 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				

107 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				

108 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

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Type or print name and title

**Paid
Preparer's
Use Only**Preparer's
signature

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

P00482834

Firm's name (or yours
if self-employed),
address, and ZIP + 4

BKD, LLP

EIN

44-0160260

120 WEST 12TH STREET, SUITE 1200

Phone no.

816 221-6300

KANSAS CITY, MO

64105-1936

Form 990 (2007)

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

2007

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 1 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 20				

Total number of other employees paid over \$50,000 . . ▶ 25

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 21		

Total number of others receiving over \$50,000 for professional services ▶ 3

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 22		

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) 2007

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

Yes No

1	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.)	1		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.				
2	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.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities? STMT 23	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT 24	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	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.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	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	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year ►			NONE
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►			NONE
f	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
g	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 8 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.)
- 11a ☐ 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.)
- 11b ☐ 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 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 8 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	
Total					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,964,143.	7,212,815.	7,594,927.	6,771,450.	29,543,335.
16 Membership fees received					
17 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	2,875,057.	2,599,430.	2,297,901.	2,096,630.	9,869,018.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	59,664.	45,650.	17,014.	16,948.	139,276.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 25		16,419.	18,637.	35,056.
23 Total of lines 15 through 22	10,898,864.	9,857,895.	9,926,261.	8,903,665.	39,586,685.
24 Line 23 minus line 17.	8,023,807.	7,258,465.	7,628,360.	6,807,035.	29,717,667.
25 Enter 1% of line 23.	108,989.	98,579.	99,263.	89,037.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT. APPLICABLE . . . ▶					26a
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: 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: (2006) _____ 4,383,339. (2005) _____ 4,574,443. (2004) _____ 4,561,207. (2003) _____ 3,409,667. 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: (2006) _____ (2005) _____ (2004) _____ (2003) _____ c Add: Amounts from column (e) for lines: 15 _____ 29,543,335. 16 _____ 17 _____ 9,869,018. 20 _____ 21 _____ ▶					27c 39,412,353.
d Add: Line 27a total. 16,928,656. and line 27b total ▶					27d 16,928,656.
e Public support (line 27c total minus line 27d total) ▶					27e 22,483,697.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f 39,586,685.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 56.7961 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.3518 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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
29	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?		
30	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?		
31	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.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
35	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - 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 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
Calendar year (or fiscal year beginning in) ►					
Lobbying nontaxable amount					
45					
Lobbying ceiling amount (150% of line 45(e)) . . .					
46					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
48					
Grassroots ceiling amount (150% of line 48(e)) . . .					
49					
Grassroots lobbying expenditures					
50					

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:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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 14 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:

(ii) 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 - GENERAL EXPLANATION ATTACHMENT

FIXED ASSETS

FORM 990, PART IV, LINE 57A & B

DESCRIPTION.....	COST.....	ACCUM/DEPR.....
COMPUTER. EQUIPMENT.....	301,733.....	179,911.....
OFFICE. EQUIPMENT.....	123,148.....	79,615.....
THEATER. EQUIPMENT.....	406,408.....	215,408.....
MUSIC.....	89,032.....	NONE.....
LEASEHOLD. IMPROVEMENTS.....	477,783.....	434,163.....
TOTALS.....	1,398,104.....	909,097.....

KANSAS CITY SYMPHONY

43-1297475

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION	AMOUNT
-----	-----
SYMPHONY BALL	842,373.
JEWEL BALL	572,022.
CABERET	31,105.
TOTAL	-----
	1,445,500.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES
SYMPHONY BALL	52,050.	52,050.
JEWEL BALL	229,600.	229,600.
CABERET	13,860.	13,860.
TOTALS	295,510.	295,510.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT
-----RELEASE OF NET ASSETS HELD FOR OTHERS
ENDOWMENT DEPRECIATION

88,755.

152,279.

TOTAL

241,034.
=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
----------------------------	--------------------------------	----------------------------------	--------

GRANTS PAID

NELSON-ATKINS MUSEUM OF ART C/O KC SYMPHONY, 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	NONE TAX-EXEMPT	GENERAL SUPPORT	250,000.
--------------------------------------------------------------------------------------------------	--------------------	-----------------	----------

TOTAL CONTRIBUTIONS PAID			250,000.
--------------------------	--	--	----------

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
GUEST ARTISTS & CONDUCTORS	529,395.	529,395.		
CONCERT PRODUCTION EXPENSE	428,197.	428,197.		
PROFESSIONAL FEES	648,920.	386,504.	163,109.	99,307.
ADVERTISING	420,681.	413,642.	756.	6,283.
INSURANCE	51,458.		51,458.	
TAXES	45,348.	45,348.		
MISCELLANEOUS EXPENSES	155,310.	57,343.	92,575.	5,392.
AUXILIARY EXPENSES	410,787.			410,787.
TOTALS	2,690,096.	1,860,429.	307,898.	521,769.

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 2008 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 56,708 PEOPLE WERE
SERVED AT LOCAL MAIN SERIES, 45,000 PEOPLE WERE SERVED AT
LOCAL COMMUNITY OUTREACH PERFORMANCES, LOCAL EDUCATIONAL
PERFORMANCES SERVED 19,294 PEOPLE, AND LOCAL EDUCATION
CONCERT SERVED 11,792 PEOPLE.

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
GKCCF - POOLED FUNDS	796,755.	390,544.
ENDOWMENT INVESTMENT - GKCCF	3,344,080.	3,379,555.
	-----	-----
TOTALS	4,140,835.	3,770,099.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CONSULTING OBLIGATION	276,442.	258,891.
TOTALS	276,442.	258,891.

KANSAS CITY SYMPHONY

43-1297475

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

SPECIAL EVENT EXPENSES

295,510.

TOTAL

295,510.
=====

KANSAS CITY SYMPHONY

43-1297475

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

SPECIAL EVENT EXPENSES

295,510.

TOTAL

295,510.
=====

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHIRLEY BUSH HELZBERG 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	PRESIDENT 1.00	NONE	NONE	NONE
ROBERT A KIPP 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	VICE PRESIDENT 1.00	NONE	NONE	NONE
MICHAEL D FIELDS 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	VICE PRESIDENT 1.00	NONE	NONE	NONE
WILLIAM M LYONS 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	VICE PRESIDENT 1.00	NONE	NONE	NONE
JOSHUA SOSLAND 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	VICE PRESIDENT 1.00	NONE	NONE	NONE
WILLIAM B TAYLOR 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	SECRETARY-TREASURER 1.00	NONE	NONE	NONE
HO ANTHONY AHN	DIRECTOR/KCS MUSICIAN 1.00	41,929.	9,676.	NONE

KANSAS CITY SYMPHONY

43-1297475

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105				

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

LAURIE BURGESS	DIRECTOR	NONE	NONE	NONE
1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	1.00			

PETER J DESILVA	DIRECTOR	NONE	NONE	NONE
1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	1.00			

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

MARK ERNST	DIRECTOR	NONE	NONE	NONE
1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	1.00			

JOHN R GOODMAN	DIRECTOR	NONE	NONE	NONE
1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	1.00			

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARY GARCIA-GRANT 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR/KCS MUSICIAN 1.00	44,662.	9,837.	NONE
COMPENSATION IS PAID FOR THE ROLE OF A MUSICIAN VERSUS COMPENSATION AS A DIRECTOR OF THE BOARD.				
MARVIN GRUENBAUM 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR/KCS MUSICIAN 1.00	45,854.	11,737.	NONE
COMPENSATION IS PAID FOR THE ROLE OF A MUSICIAN VERSUS COMPENSATION AS A DIRECTOR OF THE BOARD.				
RICHARD W MILLER 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
CARA Z NEWELL 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
DAMON SHELBY PORTER 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	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 AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
BRIAN F ROOD 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR/KCS MUSICIAN 1.00	44,068.	11,616.	NONE
COMPENSATION IS PAID FOR THE ROLE OF A MUSICIAN VERSUS COMPENSATION AS A DIRECTOR OF THE BOARD.				
SARAH ROWLAND 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
NELSON R SABATES 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
THOMAS M SCOTT 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
RICHARD H SPENCER 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR 1.00	NONE	NONE	NONE
KRISTIN LACEY VELICER	DIRECTOR/KCS MUSICIAN 1.00	47,472.	11,904.	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105				
COMPENSATION IS PAID FOR THE ROLE OF A MUSICIAN VERSUS COMPENSATION AS A DIRECTOR OF THE BOARD.				
KRISTIN M STANLEY 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	ASSISTANT SECRETARY 1.00	NONE	NONE	NONE
FRANK BYRNE 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	EXECUTIVE DIRECTOR 35.00	234,250.	17,645.	NONE
MICHAEL STERN 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	MUSIC DIRECTOR 20.00	50,313.	7,380.	NONE
ANDREW BIRGENSMITH 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	GENERAL MANAGER 35.00	89,203.	11,732.	NONE
JEFF BARKER 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	MARKETING DIRECTOR 35.00	64,425.	9,053.	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RONALD FREDMAN 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DEVELOPMENT DIRECTOR 35.00	103,192.	9,316.	NONE
BARBARA M TATE 1020 CENTRAL, SUITE 300 KANSAS CITY, MO 64105	DIRECTOR BUSINESS OPERATIONS 35.00	88,330.	11,683.	NONE
GRAND TOTALS		853,698.	121,579.	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- 93B	<p>SCHOOL, YOUTH AND FAMILY CONCERTS WERE GIVEN TO THE AUDIENCE 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 SYMPHONY ALSO PROVIDES THE ORCHESTRA TO OTHER TAX-EXEMPT ORGANIZATIONS, INCLUDING THE LYRIC OPERA OF KANSAS CITY AND THE KANSAS CITY BALLET.</p> <p>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.</p>

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KANAKO ITO 6826 NW MONTICELLO COURT KANSAS CITY, MO 64152	CONCERT MISTRESS 20.00	100,642.	15,343.	NONE
DEBORH CLARK 1901 WATERFIELD LANE BLUE SPRINGS, MO 64014	PRINCIPAL HARP 20.00	64,841.	10,613.	NONE
LORA SCHAEFFER BERNDT 9000 N. COSBY KANSAS CITY, MO 64154	PRINCIPAL OBOE 20.00	63,964.	11,269.	NONE
ELENA LENCE TALLEY 807 CAENEN LAKE ROAD LENEXA, KS 66216	PRINCIPAL LIBRARIAN 20.00	61,456.	10,497.	NONE
TAMMY GRAMPSAS 1871 QUAIL RIDGE DRIVE LIBERTY, MO 64068	ASST DEVELOPMENT DIR 35.00	59,583.	6,044.	NONE
TOTAL COMPENSATION		350,486.	53,766.	NONE

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
THAUMAS INC 110 S FAIRFAX AVE, STE 375 LOS ANGELES, CA 90036	CONDUCTING SERVICES	222,000.
BKEENEY SOFTWARE INC 13707 W 75TH PLACE LENEXA, KS 66216	DATABASE MANAGEMENT	111,750.
TELEUNIQUE MCQNICATIONS 1805 N TALBOTT ST INDIANAPOLIS, IN 46202	TELEMARKETING	96,318.
PHOENIX RESOURCE GROUP 219 NORTH MILWAUKEE ST, 5TH FLOOR MILWAUKEE, WI 53202	TELEFUNDRAISING	87,537.
OPUS 3 ARTISTS 470 PARK AVE SOUTH NEW YORK, NY 10016	ARTISTS MANAGER	66,031.
TOTAL COMPENSATION		----- 583,636. =====

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
HARVEST PRODUCTIONS INC 801 N ATLANTIC AVENUE KANSAS CITY, MO 64116	STAGE SOUND & LIGHTS	208,952.
SOUND MIRROR INC 76 GREEN STREET JAMAICA PLAIN, MA 02130	SOUND RECORDING	69,690.
TOTAL COMPENSATION		----- 278,642. =====

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	2006	2005	2004	2003	TOTAL
MISCELLANEOUS			16,419.	18,637.	35,056.
TOTALS			16,419.	18,637.	35,056.

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

2007

Name of estate or trust

KANSAS CITY SYMPHONY

Employer identification number

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 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
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 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back.	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 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	774.
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 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back.	12	774.

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

Schedule D (Form 1041) 2007

Part III Summary of Parts I and II**Caution:** Read the instructions before completing this part.

		(1) Beneficiaries' (see page 41)	(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		774.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		774.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). 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.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	16	()
a	The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. 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.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	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) (or enter the qualified dividends included in income in Part I of Form 990-T)	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 \$2,150	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> 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? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> 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 2007 Tax Rate Schedule on page 27 of the instructions	32		
33	Add lines 27, 31, and 32	33		
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 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 (or line 36 of Form 990-T)	35		

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

Name(s) shown on return

Identifying number

KANSAS CITY SYMPHONY

43-1297475

1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions).

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 SEE STATEMENT 1						-7,272.
3 Gain, if any, from Form 4684, line 39						
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						
6 Gain, if any, from line 32, from other than casualty or theft						
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						-7,272.
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8 Nonrecaptured net section 1231 losses from prior years (see instructions)						
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7						11 (7,272.)
12 Gain, if any, from line 7 or amount from line 8, if applicable						12
13 Gain, if any, from line 31						13
14 Net gain or (loss) from Form 4684, lines 31 and 38a						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16						17 -7,272.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:						
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions						18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2007)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D. ►		Property A	Property B
20	Gross sales price (Note: See line 1 before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20.	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975 (see instructions)	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions).	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage (see instructions)	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a	
b	Enter the smaller of line 24 or 29a (see instructions)	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation (see instructions)	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

43-1297475

[illegible]