## KANSAS CITY SYMPHONY FORM 990 TAX YEAR 2009

## Form 8879-EO

## IRS e-fileSignature Authorization for an Exempt Organization

	OMB No.	1545-1878
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For calendar year 2009, or fiscal year beginning 0.7/0.1 , 2009, and ending 0.6/3.0 , 20 1.0

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

Department of the Treasury ► See instructions on back. Internal Revenue Service Name of exempt organization Employer identification number KANSAS CITY SYMPHONY 43-1297475 Name and title of officer FRANK BYRNE, EXECUTIVE DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 12090784. **b** Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b \_\_\_\_ 2a Form 990-EZ check here ▶ Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here ▶ b Balance Due (Form 8868, line 3c) 5b Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize BKD, LLP to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned EROto enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date ► 05/16/2011 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date >

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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. Inspection

Open to Public

A F	or th	e 2009	calen	dar year, or tax year beginning 07/01,	2009, and ending	06,	/30, <b>20</b> 10						
<b>B</b> c	heck if ap		Please	C Name of organization KANSAS CITY SYMPHONY		D Employer identific	ation number						
X	Addre		use IRS label or	Doing Business As		43-1297475	)						
	7	e change	print or	Number and street (or P.O. box if mail is not delivered to street address	s) Room/sui	te E Telephone number							
	+	return	type. See	1703 WYANDOTTE STREET	STE 200	(816) 471-1	100						
	+	l.	Specific	City or town, state or country, and ZIP + 4	S1E 200	(010) 1/1 1							
	Amen	ination	Instruc- tions.	KANSAS CITY, MO 64105		<b>G</b> Gross receipts \$	12,756,137.						
	return Applio	ı <u>ا</u>											
	pendi	ing		me and address of principal officer: FRANK BYRNE		<b>H(a)</b> Is this a group return affiliates?	Yes X No						
			1703	WYANDOTTE STREET, STE 200 KANSAS CIT	Y, MO 64105	H(b) Are all affiliates inclu	ıded? Yes No						
<u> </u>	Tax-ex	kempt sta	itus:	X $  501(c)(3)   \blacktriangleleft $ (insert no.) $  4947(a)(1) \text{ or }   5247(a)(1)     5247(a)(1)                                      $	27	If "No," attach a list.	(see instructions)						
J	Websi	ite: 🕨 1	WWW.	KCSYMPHONY.ORG		H(c) Group exemption nu	mber <b>&gt;</b>						
K	Туре	of organiz	ation:	X Corporation Trust Association Other ▶	L Year of for	mation: 1983 M State	of legal domicile: MO						
Pa	ırt I	Sun	nmary		·								
	1	Briefly	describ	e the organization's mission or most significant activities:									
	•	PROV	IDES	ORCHESTRAL PERFORMANCES WITH AN EMPH	ASIS IN THE K	ANSAS CITY							
Se				ALSO PROVIDES EDUCATION PERFORMANCES									
nar				OF CREATING AN INTEREST IN & UNDERST									
Governance	_												
Ó	2	Check			osed of more than 25%	1 1	0.4						
∞ಶ	3					3	24						
ies	4			ependent voting members of the governing body (Part VI, line 1	b)	4	19						
Activities	5	Total n	umber	of employees (Part V, line 2a)		5	288						
Act	6	Total n	umber	of volunteers (estimate if necessary)		6	650						
	7 a	Total o	ross ur	related business revenue from Part VIII, line 12, column (C)		7a	0.						
		•		business taxable income from Form 990-T, line 34		7b	0.						
		rtot um	Olatoa			Prior Year	Current Year						
		Contrib	ution o	nd grants (Port VIII line 1h)		8,413,046.	9,060,911.						
Revenue	8	Contino	ulion a	nd grants (Part VIII, line 1h)	COPY FOR								
	9	Prograi	m serv	ce revenue (Part VIII, line 2g)	BLIC INSPECTION	3,313,496.	2,919,603.						
Re	10	IIIVESIII	ilent in	Lender (1 art viii, column (A), inles 5, 4, and 7d)		-130,978.	-1,557.						
	11	Other r	evenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-71,498.	111,827.						
	12	Total re	evenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	11,524,066.	12,090,784.						
	13	Grants	and si	nilar amounts paid (Part IX, column (A), lines 1-3)		135,000.	150,000.						
	14	Benefit	s paid	a ar far mambara (Dort IV, asluma (A) line (1)									
(n	15			compensation, employee benefits (Part IX, column (A), lines 5-		8,306,840.	7,914,209.						
Expenses	16 a			undraising fees (Part IX, column (A), line 11e)		67,339.	88,964.						
oer.	.va			ng expenses, Part IX, column (D), line 25) $\blacktriangleright$ 675, 62		0170031	00,301.						
X	47					2 646 257	2 221 661						
			-			3,646,357.	3,321,661.						
	18		•			12,155,536.	11,474,834.						
- (0	19	Revenu	ue less	expenses. Subtract line 18 from line 12		-631,470.	615,950.						
Net Assets or Fund Balances						Beginning of Year	End of Year						
sets	20	Total a	ssets (	Part X, line 16)		7,534,846.	9,140,823.						
ASS	21			(Part X, line 26)		2,787,272.	3,429,698.						
E'E	22	Net ass	sets or	fund balances. Subtract line 21 from line 20		4,747,574.	5,711,125.						
	rt II	Sia	natur	Block									
		T											
		and be	penaitie elief, it	is of perjury, I declare that I have examined this return, including a is true, correct, and complete. Declaration of preparer (other than	officer) is based on all	and statements, and to tr information of which prep	ie best of my knowledge arer has any knowledge.						
c						1	, ,						
	ign	-	· · · · · · · · · · · · · · · · · · ·	e of officer		Data							
п	ere		oignatur	e of officer		Date							
		<b> </b> _											
_		1	ype or	print name and title									
		Prepa	rer's	Da			identifying number						
Paid		signat			self- employ	ed  (see instru	cuoris)						
	oarer's	Firm's	name (d	ryours BKD, LLP	1 1 1	EIN							
Use	Only	II Sell-e	employe s, and z		2015		16 221-6300						
N/a-	, the I			1201 WALNOT, SOTTE 1700 KANSAS CITT, MO 04100-									
ıvıay	, me II	ko aisci	มรร เกเร	return with the preparer shown above? (See instructions)			X Yes No						

Form **990** (2009)

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Pa	art     Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: TO PROVIDE GREAT PERFORMANCE FOR GREATER AUDIENCES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$\9,554,315. \] including grants of \$\150,000. \] (Revenue \$\2,919,603. \] PERFORMANCE OF ORCHESTRAL MUSIC IN VARIOUS SERIES SOLD TO THE	)
	PUBLIC WHICH TOTALED OVER 100,000 TICKETS AND OVER 12,000 TICKETS	
	FOR SCHOOL CHILDREN AS A PART OF OUR YOUTH EDUCATION PROGRAMS. IN	
	ADDITION, WE SUPPORTED THE LYRIC OPERA OF KANSAS CITY AND THE	
	KANSAS CITY BALLET, BY PROVIDING PIT ORCHESTRA SERVICES TO EACH	
	ORGANIZATION. WE ALSO SPONSER SEVERAL FREE CONCERTS TO THE	
	PUBLIC, INCLUDING A LABOR DAY AND A MEMORIAL DAY CONCERT, WHICH	
	TOGETHER HAD OVER 58,000 IN ATTENDANCE.	
	TOOLINER MID OVER SOFOOD IN MITENDAMOL.	
4b	o (Code:) (Expenses \$including grants of \$) (Revenue \$	)
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
<u> </u>	Other program services. (Describe in Schedule O.)	
−u		
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  ■ Total program service expenses ▶ 9,554,315.	
	· ₩ · · · · · · · · · · · · · · · · · ·	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Χ
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12	complete Schedule D. Parts XI, XII, and XIII.	12		Χ
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	12		
12 A	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	42		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		Λ_
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		v
45		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		37
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		37
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	_	3.7	
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

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

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1a Enter the number reported in Box 3 of Form 1096, Annual St U.S. Information Returns. Enter -0-if not applicable .  b Enter the number of Forms W-2G included in line 1a. Enter -0-if not c Did the organization comply with backup withholding rules for r gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Tran Statements, filed for the calendar year ending with or within the yr b if at least one is reported on line 2a, did the organization file Note. If the sum of lines 1a and 2a is greater than 250, yo instructions)  3a Did the organization have unrelated business gross income of this return?  b if "Yes," has it filed a Form 990-T for this year? If "No," provide ane a At any time during the calendar year, did the organization have over, a financial account in a foreign country (such as a bank account)?  b if "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction a b Did any taxable party notify the organization that it was or is a c if "Yes," to question 5a or 5b, did the organization file Form 8886 Prohibited Tax Shelter Transaction?  6a Does the organization have annual gross receipts that are no organization solicit any contributions that were not tax deductible?  7 Organizations that may receive deductible contributions under st a Did the organization receive a payment in excess of \$75 made and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goor c Did the organization, during the year, pay premiums, directly benefit contract?  f Did the organization, during the year, pay premiums, directly benefit contract?  f Did the organization sell, exchange, or otherwise dispose of required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly benefit contract?  f Di	Compliance			
<ul> <li>U.S. Information Returns. Enter -0-if not applicable.</li> <li>b Enter the number of Forms W-2G included in line 1a. Enter -0-if not c Did the organization comply with backup withholding rules for rgaming (gambling) winnings to prize winners?</li> <li>2a Enter the number of employees reported on Form W-3, Trar Statements, filed for the calendar year ending with or within the yeb If at least one is reported on line 2a, did the organization file Note. If the sum of lines 1a and 2a is greater than 250, yo instructions)</li> <li>3a Did the organization have unrelated business gross income of this return?</li> <li>b If "Yes," has it filed a Form 990-T for this year? If "No," provide an experience over, a financial account in a foreign country (such as a bank account)?</li> <li>b If "Yes," enter the name of the foreign country: Impact over, a financial account in a foreign country (such as a bank account)?</li> <li>b If "Yes," enter the name of the foreign country: Impact over, a financial Accounts.</li> <li>5a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts.</li> <li>5a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts.</li> <li>c If "Yes," to question 5a or 5b, did the organization file Form 8886 Prohibited Tax Shelter Transaction?</li> <li>6a Does the organization have annual gross receipts that are norganization solicit any contributions that were not tax deductible?</li> <li>7 Organizations that may receive deductible contributions under sea Did the organization receive a payment in excess of \$75 made and services provided to the payor?</li> <li>b If "Yes," did the organization notify the donor of the value of the good of the organization, during the year, pay premiums, directly benefit contract?</li> <li>f Did the organization, during the year, pay premiums, directly g For all contributions of qualified intellectual property, did the organization, buring the year, pay premiums, directly g For all contributions of car</li></ul>			Yes	No
<ul> <li>U.S. Information Returns. Enter -0-if not applicable.</li> <li>b Enter the number of Forms W-2G included in line 1a. Enter -0-if not c Did the organization comply with backup withholding rules for rgaming (gambling) winnings to prize winners?</li> <li>2a Enter the number of employees reported on Form W-3, Trar Statements, filed for the calendar year ending with or within the yeb If at least one is reported on line 2a, did the organization file Note. If the sum of lines 1a and 2a is greater than 250, yo instructions)</li> <li>3a Did the organization have unrelated business gross income of this return?</li> <li>b If "Yes," has it filed a Form 990-T for this year? If "No," provide an experience over, a financial account in a foreign country (such as a bank account)?</li> <li>b If "Yes," enter the name of the foreign country: Impact over, a financial account in a foreign country (such as a bank account)?</li> <li>b If "Yes," enter the name of the foreign country: Impact over, a financial Accounts.</li> <li>5a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts.</li> <li>5a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts.</li> <li>c If "Yes," to question 5a or 5b, did the organization file Form 8886 Prohibited Tax Shelter Transaction?</li> <li>6a Does the organization have annual gross receipts that are norganization solicit any contributions that were not tax deductible?</li> <li>7 Organizations that may receive deductible contributions under sea Did the organization receive a payment in excess of \$75 made and services provided to the payor?</li> <li>b If "Yes," did the organization notify the donor of the value of the good of the organization, during the year, pay premiums, directly benefit contract?</li> <li>f Did the organization, during the year, pay premiums, directly g For all contributions of qualified intellectual property, did the organization, buring the year, pay premiums, directly g For all contributions of car</li></ul>	ummary and Transmittal of I			
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<ul> <li>Sponsoring organizations maintaining donor advised funds.</li> <li>a Did the organization make any taxable distributions under section 45</li> <li>b Did the organization make a distribution to a donor, donor advisor, o</li> <li>Section 501(c)(7) organizations. Enter:</li> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public us</li> <li>Section 501(c)(12) organizations. Enter:</li> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or page 12.</li> </ul>				
<ul> <li>a Did the organization make any taxable distributions under section 49</li> <li>b Did the organization make a distribution to a donor, donor advisor, o</li> <li>10 Section 501(c)(7) organizations. Enter:</li> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public us</li> <li>11 Section 501(c)(12) organizations. Enter:</li> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or page 150)</li> </ul>	e year?	8		
<ul> <li>b Did the organization make a distribution to a donor, donor advisor, o</li> <li>10 Section 501(c)(7) organizations. Enter:</li> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public us</li> <li>11 Section 501(c)(12) organizations. Enter:</li> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or page 10.</li> </ul>				
<ul> <li>Section 501(c)(7) organizations. Enter:</li> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public us</li> <li>Section 501(c)(12) organizations. Enter:</li> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or page 12)</li> </ul>		9a		
<ul> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public us</li> <li>11 Section 501(c)(12) organizations. Enter:</li> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or page 12)</li> </ul>	or related person?	9b		
<ul> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public us</li> <li>11 Section 501(c)(12) organizations. Enter:</li> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or page 1)</li> </ul>	140-			
<ul> <li>Section 501(c)(12) organizations. Enter:</li> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or page 1)</li> </ul>				
<ul><li>a Gross income from members or shareholders</li><li>b Gross income from other sources (Do not net amounts due or page 1)</li></ul>	se of club facilities 10b			
b Gross income from other sources (Do not net amounts due or pa	11a			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organi		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued		4		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					Yes	No
		4=	I	24		res	NO
1a	Enter the number of voting members of the governing body	1a 1b		19			
b	Enter the number of voting members that are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with				Х	
_	any other officer, director, trustee, or key employee?				2	Λ	
3	Did the organization delegate control over management duties customarily performed by or under the				_		Х
	supervision of officers, directors or trustees, or key employees to a management company or other p		? .		3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was				4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asse				5		
6	Does the organization have members or stockholders?				6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more me				_		37
	of the governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal by members, stockholders, stockholders, or other personal by members, stockholders, stockhol				7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken or	during					
	the year by the following:					3.7	
а	The governing body?				8a	Х	3.7
b	Each committee with authority to act on behalf of the governing body?			!	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9a		Χ
	tion B. Policies (This Section B requests information about policies not required by	y the	Inter	mal			
Rev	enue Code.)					Yes	No
					4.0	res	
10 a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	chapte	rs,				
	,				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before file	_				3.7	
	form?				11	Х	
11 A	, ,, ,					3.7	
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	· · · · · · · · · · · · · · · · · · ·	_	9			.,,	
	rise to conflicts?			!	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?					.,,	
	describe in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?			'	13	X	
14	Does the organization have a written document retention and destruction policy?			'	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva			ļ			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation are						
а	The organization's CEO, Executive Director, or top management official			'	15a	X	
b	Other officers or key employees of the organization			'	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger						
	with a taxable entity during the year?			'	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to sa	_					
	the organization's exempt status with respect to such arrangements?		<u></u>	<u> </u>	16b		
Sec	tion C. Disclosure						
17	','						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (501	(c)(3)s	only	)		
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	of inte	erest			
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books are	nd reco	ords of	the			
	organization: ►BARBARA TATE 1703 WYANDOTTE STREET, STE 200 KANSAS CITY	<u>, MC</u>	<u>641</u>	05			
	816-218-2610						

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and Title	(B) Average	Posit	(C) Position (check all that ap				lv)	( <b>D</b> ) Reportable	(E) Reportable	<b>(F)</b> Estimated	
Name and Thic	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
SHIRLEY B. HELZBERG											
DIRECTOR/PRESIDENT	1.00	Х		Χ				0.	0 .	. 0	
ROBERT A. KIPP											
DIRECTOR/VICE PRESIDENT	1.00	X		Χ				0.	0.	0	
MICHAEL D. FIELDS											
DIRECTOR/VICE PRESIDENT	1.00	Х		Χ				0.	0.	0.	
WILLIAM M. LYONS											
DIRECTOR/VICE PRESIDENT	1.00	X		Χ				0.	0.	0.	
JOSHUA SOSLAND											
DIRECTOR/VICE PRESIDENT	1.00	X		Χ				0.	0.	. 0	
WILLIAM B. TAYLOR											
DIRECTOR/SECRETARY/TREASURER	1.00	X		Χ				0.	0.	. 0	
HO ANTHONY AHN											
DIRECTOR	20.00	X						34,217.	0.	20,713.	
SEAN BRUMBLE										·	
DIRECTOR	20.00	X						40,095.	0.	18 <b>,</b> 227.	
PETER DESILVA										,	
DIRECTOR	1.00	Х						0.	0.	. 0	
JOAN HORAN											
DIRECTOR	1.00	X						0.	0.	0	
PETER S. LEVI											
DIRECTOR	1.00	X						0.	0.	. 0	
PATRICK A. PERSOHN											
DIRECTOR	1.00	X						0.	0.	. 0	
DAMON SHELBY PORTER	1	<u> </u>									
DIRECTOR	1.00	Х						0.	0.	. 0	
GWYN PRENTICE	1										
DIRECTOR	1.00	Х						0.	0.	. 0	
NELSON R. SABATES	1										
DIRECTOR	1.00	Х						0.	0.	. 0	
THOMAS M. SCOTT	1										
DIRECTOR	1.00	X						0.	0.	0	

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Part VII Section A. Officers, Directors, Tr	ustees, K	ey En	nplo	oye	es,	and	Hig	hest Compensa	ted Employees	ontinued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	ndividual trustee or director	n Institutional trustee	Officer	all t Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ANN KAUFMANN BAUM										
DIRECTOR	1.00	X						0.	0.	0.
JOHN EDGAR										
DIRECTOR	1.00	X						0.	0.	0.
MICHAEL GORDAN										
DIRECTOR	20.00	X						57,209.	0.	10,981.
JILL HALL										
DIRECTOR	1.00	X						0.	0.	0.
KAREN HARDCASTLE										
DIRECTOR	1.00	X						0.	0.	0.
JAMIE MONTGOMERY HELZBERG										
DIRECTOR	1.00	X						0.	0.	0.
SARAH ROWLAND										
DIRECTOR	1.00	X						0.	0.	0.
JENIFER RICHISON										
DIRECTOR	20.00	X						43,802.	0.	10,754.
BARBARA TATE										
DIRECTOR BUSINESS OPERATIONS	35.00			Х				80,672.	0.	22,530.
FRANK BYRNE										
EXECUTIVE DIRECTOR	35.00			Х				187,111.	0.	17,727.
1b Total	· • • • • • •	·					▶	443,106.	0.	100,932.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 

▶ 1

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THAUMUS, INC KANSAS CITY, MO 64111	CONDUCTING SERVICES	232,000.
HARVEST PRODUCTIONS KANSAS CITY, MO 64116	SOUND AND LIGHTING	251,393.
HARVEST GRAPHICS LENEXA, KS 66215	PRINTING	114,652.
TELEUNIQUE INDIANAPOLIS, IN 46202	TELEMARKETING	112,859.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

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art	: VIII	Statement of Revenue			43-1297475		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta. under sections 512, 513, or 514
Contributions, girts, grants and other similar amounts	1a	Federated campaigns 1a					
] [	b	Membership dues 1b					
ا <u>۾</u>	С	Fundraising events 1c	1,016,487.				
ar 6	d	Related organizations 1d					
اَقَ	е	Government grants (contributions) 1e	398,263.				
er s	f	All other contributions, gifts, grants,					
튛		and similar amounts not included above . 1f	7,646,161.				
P	g	Noncash contributions included in lines 1a-1f: \$	79,935.				
	h	Total. Add lines 1a-1f		9,060,911.			
Program Service Revenue			Business Code				
ĕ ∣	2a	TICKET SALES	711190	2,319,171.	2,319,171.		
ž	b	PERFORMANCE FEES	711190	600,432.	600,432.		
ĕ	С						
Še	d						
<u>ڇ</u>	е						
g	f	All other program service revenue					
<u>፣</u>	g	Total. Add lines 2a-2f	<u></u> ▶	2,919,603.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	▶	4,745.			4,74
	4	Income from investment of tax-exempt bond pro		0.			
	5	Royalties	<u></u>	2,553.			2,55
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7-	(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses	5,202.				
	С	Gain or (loss)1,100.	-5,202.				
		Net gain or (loss)		-6,302.			-6,30
ا بو	8a	Gross income from fundraising					
2 │	-	events (not including \$1,016,487.					
e		of contributions reported on line 1c).					
환		See Part IV, line 18 a	659,880.				
e l	b	Less: direct expenses b					
Otner Kevenue	c	Net income or (loss) from fundraising events		829.			82
۱	9a	Gross income from gaming activities.					
	- u	See Part IV, line 19					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	ıva	returns and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory		0.			
ļ		Miscellaneous Revenue	Business Code	0.			
I	11a	MISCELLANEOUS REVENUE	900099	108,445.			108,44
			333333	100,113.			100,44
	b						
	C	All other revenue					
	d	All other revenue		108,445.			
	е			100.440.			

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complet				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	150,000.	150,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	571,764.	236,498.	308,039.	27,227.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	5,543,272.	5,055,745.	178,626.	308,901.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	354,195.	322,367.	17,065.	14,763.
9	Other employee benefits	911,000.	817,589.	42,918.	50,493.
10	Payroll taxes	533,978.	469,720.	34,258.	30,000.
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	78,964.		78,964.	
	Accounting	58,053.		58,053.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17	88,964.			88,964.
f	Investment management fees	0.			
g	Other	438,852.	351,853.	83,693.	3,306.
12	Advertising and promotion	434,220.	431,957.		2,263.
13	Office expenses	483,371.	324,427.	98,227.	60,717.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	149,273.	18,688.	130,585.	
17	Travel	139,500.	98,941.	34,057.	6,502.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	747.		747.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	144,920.	118,834.	18,840.	7,246.
23	Insurance	68,224.	55,944.	8,869.	3,411.
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	450.055			
	GUEST ARTISTS & CONDUCTORS	478,377.	478,377.		
	CONCERT PRODUCTION EXPENSE	555,771.	555,771.		
	BAD DEBT EXPENSE	15,926.	15,926.	100 000	E0 0E:
	MISCELLANEOUS EXPENSE	251,721.	44,454.	136,393.	70,874.
	DUES AND SUBSCRIPTIONS	23,742.	7,224.	15,561.	957.
f	All other expenses	11 45 4 00 4	0.554.015	1 044 007	CEE
25	Total functional expenses. Add lines 1 through 24f	11,474,834.	9,554,315.	1,244,895.	675,624.
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ICA					

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## Part X Balance Sheet

ГС	rt X	Balance Sheet			
			<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing	426,328.	1	599 <b>,</b> 589.
	2	Savings and temporary cash investments	1,194,635.	2	933,949.
	3	Pledges and grants receivable, net	1,919,660.	3	2,923,497.
	4	Accounts receivable, net	243,726.	4	306,278.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	3,084.	8	3,264.
_	9	Prepaid expenses and deferred charges	368,003.	9	457,254.
	10 a	Land, buildings, and equipment: cost or 10a 1,528,582.			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 903,791.	469,871.	10c	624,791.
	11	Investments - publicly traded securities	2,909,539.	11	3,292,201.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,534,846.	16	9,140,823.
	17	Accounts payable and accrued expenses	968,361.	17	1,117,144.
	18	Grants payable		18	
	19	Deferred revenue	1,558,228.	19	1,977,400.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
iab		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L	0.	22	177,550.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	260,683.	_	157,604.
_	26	Total liabilities. Add lines 17 through 25	2,787,272.	26	3,429,698.
		Organizations that follow SFAS 117, check here			
ces		complete lines 27 through 29, and lines 33 and 34.	776 061		640 240
<u>a</u>	27	Unrestricted net assets	776,261.		648,348.
Bal	28	Temporarily restricted net assets	556,570.	-	1,453,570.
nd	29	Permanently restricted net assets	3,414,743.	29	3,609,207.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here  and complete lines 30 through 34.   □			
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	4,747,574.	33	5,711,125.
	34	Total liabilities and net assets/fund balances	7,534,846.	34	9,140,823.

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Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

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

## **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Name of the	ne organizatio	1						Employe	r identificat	tion numl	ber
KANSAS	CITY SYN	MPHONY							43-12	97475	
Part I	Reason fo	or Public Chari	ty Status (All organi	zations m	ust compl	ete this p	oart.) Se	e instruc	tions.		
The organ	nization is no	t a private founda	tion because it is: (For	lines 1 thro	ough 11, ch	eck only c	ne box.)				
1	A church, co	nvention of chur	ches, or association of	churches d	escribed in	sectio	n 170(b)(	1)(A)(i).			
2	A school des	scribed in <b>sectio</b>	n 170(b)(1)(A)(ii). (Att	tach Schedi	ule E.)						
3	A hospital of	r a cooperative he	ospital service organiza	ation descril	bed in se	ction 170	(b)(1)(A)(	iii).			
4	A medical	research organiz	ation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)(	(A)(iii).	Enter the
		ame, city, and sta									
5	An organiza	ition operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated	by a gove	ernmental	unit des	scribed in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)								
6	A federal, st	ate, or local gove	rnment or government	al unit desc	ribed in	section 17	70(b)(1)( <i>A</i>	۸)(v).			
7	An organiza	ition that normal	ly receives a substant	tial part of	its support	from a q	governme	ental unit	or from t	he gene	ral public
			1)(A)(vi). (Complete F								
8			in section 170(b)(1)(								
9 X	=		ly receives: (1) more							-	_
	-		ted to its exempt fun		=		-				
		<del>-</del>	nent income and un				-		511 tax)	from b	usinesses
	· · ·	<del>-</del>	after June 30, 1975.					-			
10	_	=	d operated exclusively	-		-					
11	•	_	and operated exclusi	•							•
			ublicly supported orga					-	-		e section
		_	at describes the type of				-				74h
•	a Typ	_		Typ		-	-			pe III - C	
e	-		rtify that the organiz				=				-
	-		on managers and oth	er man on	e or more	publicly s	supported	i organiza	ations de	scribed	in section
•	( )( )	section 509(a)(2	,	ion from t	ha IDC tha	at it ia a	Tuno I I	Tuna II a	r Tuna III	aa.a.art	·ina
f	=		a written determinat	.1011 110111 1	ille iks ille	al Il IS a	rype i,	rype II, o	i Type iii	Support	iiig
~		, check this box		od any gift	or contribut	ion from a	nny of tho				$\square$
g	following pe		he organization accept	eu arry girt	or continuat		arry or tine				
			or indirectly controls	either ald	one or tog	ether wit	h nerson	s describ	ed in (ii)		Yes No
			rning body of the supp			Cuioi Wit	n person	0 0000110	/CG III (II)	11g(i)	
		-	rson described in (i) at	_						11g(ii)	++-
			of a person described in		bove?					11g(iii)	-
h	. ,	•	tion about the supporte	., .,	-						
	of supported	(ii) EIN	(iii) Type of organization			(v) Did v	ou notify	(vi)	s the	(vii) An	nount of
orga	nization		(described on lines 1-9	in col. (i) lis	sted in your	the organ	ization in	organizat	ion in col.		oport
			above or IRC section (see instructions))	governing of	uocument?	sup	of your port?	(i) organiz U.	S.?		
				Yes	No	Yes	No	Yes	No		
Total											
Total											

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 **Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2008 Schedule A, Part II, line 14 % 15 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . ▶ b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Page 3

## Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")	7,212,815.	7,964,143.	8,773,096.	8,413,046.	9,060,911.	41,424,011.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	2,599,430.	2,875,057.	3,405,990.	3,313,496.	2,919,603.	15,113,576.
3	Gross receipts from activities that are not an	2,333,130.	2,073,037.	3,103,330.	3,313,130.	2,313,003.	10/110/070.
•	unrelated trade or business under section 513	0.	0.	295,510.	714,384.	659,880.	1,669,774.
4	Tax revenues levied for the organization's	0.	0.	293,310.	714,304.	039,000.	1,009,774.
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
6		9,812,245.	10,839,200.	12,474,596.	12,440,926.	12,640,394.	58,207,361.
/a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons	1,782,850.	1,518,955.	1,416,296.	1,615,564.	1,610,694.	7,944,359.
-	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	1,782,850.	1,518,955.	1,416,296.	1,615,564.	1,610,694.	7,944,359.
8	Public support (Subtract line 7c from						
	line 6.)						50,263,002.
	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	9,812,245.	10,839,200.	12,474,596.	12,440,926.	12,640,394.	58,207,361.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	45,650.	59,664.	85,137.	18,254.	7,298.	216,003.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	45,650.	59,664.	85,137.	18,254.	7,298.	216,003.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV.) ATCH 1	37,600.	0.	80,249.	406.	108,445.	226,700.
13	Total support. (Add lines 9, 10c, 11,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00,210		200, 2000	,
	and 12.)	9,895,495.	10,898,864.	12,639,982.	12,459,586.	12,756,137.	58,650,064.
14	First five years. If the Form 990 is for						
• •	organization, check this box and <b>stop here</b> .						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8, co	•		(f))		15	85.70 <b>%</b>
16	Public support percentage from 2008 Schedul					16	84.83%
	tion D. Computation of Investment					10	04.00 /0
	•					4-	27.0/
17	Investment income percentage for 2009 (line		0. 12 47			17	.37 %
18	Investment income percentage from 2008 S					18	.42%
19 a	33 1/3 % support tests - 2009. If the org						. $\square$
	17 is not more than 33 1/3 %, check this		_				
b	33 1/3 % support tests - 2008. If the orga						
	line 18 is not more than 33 1/3 %, check		•		. ,		
20	Private foundation. If the organization of	did not check a	a box on line '	14, 19a, or 19b,	, check this box	x and see instru	ctions >

43-1297475

Page 4

Schedule A (Form 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;

	or 17b; or Part III, line	•	•		•						
SCHEDULE A, PART III - OTHER INCOME											
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL					
MISCELLANEOUS	37,600.	0.	80,249.	406.	108,445.	226,700.					
TOTAL	37,600.	0.	80,249.	406.	108,445.	226,700.					

### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

rm 990, 990-EZ, 990-PF) ► Attach to Form 990, 990-EZ, or 990-PF.

Schedule of Contributors

OMB No. 1545-0047

2009

Internal Revenue Service Name of the organization **Employer identification number** KANSAS CITY SYMPHONY 43-1297475 Organization type (check one): Filers of: Section: Χ Form 990 or 990-EZ **501(c)(** 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year  $\blacktriangleright$  \$ \_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page \_\_\_\_ of \_\_\_ of Part I

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_		<b>\$</b> 1,432,976.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$925,300.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		\$320,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions \$226,988.	(d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.		Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
4 (a)	Name, address, and ZIP + 4	\$226,988.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

Part I	Contributors (	(see instructions)	)
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
7		\$179,231.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

20**09** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

KAN	ISAS CITY SYMPHONY	43-1297475
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4		
5	Aggregate value at end of year	ndvinod
3		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car	
Ü	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	
Par		m 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	11 000, 1 art 17, mic 7.
•		an historically important land area
		a certified historic structure
	Preservation of open space	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	orm of a concentration
_	easement on the last day of the tax year.	on or a conservation
	outsine it the fact day of the tax year.	Held at the End of the Year
а	Total number of conservation easements	2a
b		2b
C		2c
d		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated b	
_	the tax year ▶	,gg
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemen	ts during the year
	<b>&gt;</b>	-
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements du	ring the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and exp	ense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state	tements that describes
	the organization's accounting for conservation easements.	
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research.	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research provide, in Part XIV, the text of the footnote to its financial statements that describes these item	arch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement	
-	historical treasures, or other similar assets held for public exhibition, education, or resear	
	provide the following amounts relating to these items:	•
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>▶</b> \$

43-1297475 Schedule D (Form 990) 2009 Page 2

Par	t III Organizations Maintainir	g Collections o	of Art, His	torical	Treasures	s, or	Other Similar	Assets(c	ontinued	()
3	Using the organization's acquisition,		ther record	is, checl	k any of the	follow	ving that are a sig	nificant us	se of its	
	collection items (check all that apply)	•		_						
а	Public exhibition		d		Loan or exc	hang	e programs			
b	Scholarly research		е		Other					
С	Preservation for future gene									
4	Provide a description of the organiza	tion's collections	and explain	n how th	ney further th	ne org	ganization's exem	pt purpos	e in	
_	Part XIV.									
5	During the year, did the organization									
	assets to be sold to raise funds rathe		-						Yes	No
Par	t IV Escrow and Custodial Ai IV, line 9, or reported an a					ansv	vered "Yes" to F	orm 990	), Part	
	TV, line 3, or reported arra	inount on ronn	330, i ai	- X, III IC	, 21.					
10	Is the organization an agent trustee	custo dian or oth	or intormor	diany for	contribution	coro	other accets not			
ıa	Is the organization an agent, trustee, included on Form 990, Part X?			-				Г	Yes	No
b	If "Yes," explain the arrangement in F								1 es	NO
b	ii res, explain the arrangement iirr	art XI v and com	piete trie io	mownig	labic.		Λ.	mount		
С	Beginning balance					10		inount		
d	Additions during the year					1c 1d				
e	Distributions during the year				-	1e				
f	Ending balance					1f				
2a	Did the organization include an amou								Yes	No
	If "Yes," explain the arrangement in F		i ait A, iiii	621:					163	140
Par			tion answ	ered "	/es" to For	m QC	00 Part IV line	10		
ı aı	Lindowinent i unus. Com	(a) Current Year	(b) Prior		(c) Two year				(e) Four ye	ears back
1a	Beginning of year balance	2,909,540.		70,099.	(1)		(1)		(-, ,	
b	Contributions	194,464.								
С	Net investment earnings, gains,	194,464.		31,150.						
	and losses	337,979.	6.0	26 642						
d	Grants or scholarships	337,979.	-03	96,642.						
е	Other expenditures for facilities									
	and programs	142,517.	1 0	36,771.						
f	i . i ⊢	7,264.		8,296.						
g	End of year balance	3,292,202.		09,540.						
2	Provide the estimated percentage of									
а	Board designated or quasi-endowme	-								
b	Permanent endowment ► 96.65									
С	Term endowment ► 0.0000 %									
	Are there endowment funds not in the		the organiz	zation th	at are held a	and a	dministered for th	е		
	organization by:	•	ŭ						Y	es No
	(i) unrelated organizations								$\overline{}$	ζ
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organ								3b	
4	Describe in Part XIV the intended use	es of t he organiza	ation's endo	owment	funds.					
Par						t X, li	ine 10.			
	Description of investment		or other basis		) Cost or other		(c) Accumulated	(d	) Book value	 e
	·		estment)		basis (other)		depreciation	`	•	
1a	Land									
b	Buildings									
С	Leasehold improvements				495,49	6.	347,279.		148	,217.
d	Equipment				1,033,08	6.	556,512.		476	,574.
е	Other									
Tota	II. Add lines 1a through 1e. (Column (		m 990, Pai	rt X, coli	umn (B), line	10(0	:).) ▶		624	<b>,</b> 791.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 43-12 97 475 Page **3** 

Part VII	Investments - Other Securities. See Fe	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
Financial de	erivatives			
Closely-hel	d equity interests			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
-				
Total (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, lii	ne 15		
T GITC IIX		Description		(b) Book value
				(1)
			<u></u>	
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Amount	-	
Federal inc		157.604	-	
CONSULT	ING OBLIGATION	157,604.	-	
			-	
-			-	
			-	
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.)	157,604.		
	(1) MI 24 MI 25 MI	10,,001.		

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

Schedule D (Form 990) 2009 43-12 97 475 Page **4** 

Ochcaal	(1	15 1257175	1 age 4
Part		ted Financial Statemen	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2		2	
3		3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities		
6	Investment expenses	6	
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		
Part 2		ith Revenue per Retur	n
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	-
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part .	Reconciliation of Expenses per Audited Financial Statements V	Nith Expenses per Ret	urn
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIV.)	4b	
С	Add lines 4a and 4b		4c
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part 1	Supplemental Information		
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I		
	; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XI	III, lines 2d and 4b. Also co	omplete
tnis pa	rt to provide any additional information.		
000	D2.00 [		
SEE.	PAGE 5		

Schedule D (Form 990) 2009 43-1297475

Part XIV Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

TOTAL EARNED REVENUE, INCLUDING FEES FOR PIT SERVICES PROVIDED TO THE LYRIC OPERA OF KANSAS CITY AND THE KANSAS CITY BALLET ARE 27% OF OUR OPERATING REVENUE. OUR ANNUAL FUND RAISES 59% OF OUR BUDGET. ENDOWMENT FUNDS COVER THE REMAINING 14% OF THE SYMPHONY'S OPERATING BUDGET WHICH ALLOWS THE SYMPHONY TO HIRE AND RETAIN SKILLED PROFESSIONAL MUSICIANS.

LAND, BUILDINGS, AND EQUIPMENT

SCHEDULE D, PART VI, LINE 1C

LEASEHOLD IMPROVEMENTS INCREASED BECAUSE OF A MOVE OF THE ADMINISTRATIVE OFFICES TO A NEW BUILDING AND RELATED REMODELING AND EQUIPMENT PURCHSES.

UNCERTAIN TAX POSITIONS DISCLOSURE

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Page 5

43-1297475 Schedule D (Form 990) 2009 Page 5

### Part XIV Supplemental Information (continued)

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

SCHEDULE D, PART XI, LINE 8

ENDOWMENT APPRECIATION \$ 302,597

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EVENT EXPENSES \$ 659,051

LOSS ON DISPOSAL OF ASSETS \$ 5,202

-----

\$ 664,253

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XIII, LINE 2D

FUNDRAISING EVENT EXPENSES \$ 659,051

LOSS ON DISPOSAL OF ASSETS \$ 5,202

\$ 664,253

### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

(vi) Amount paid to

(or retained by)

(v) Amount paid to

(or retained by)

(iv) Gross receipts

from activity

Department of the Treasury

(i) Name of individual

or entity (fundraiser)

Interna	ternal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.					on			
Name	lame of the organization Employer identification number								
KAN	SAS	CITY SYMPI	YNONY				43-12974	75	
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1	Indic	cate whether th	e organization raised funds through	any	of t	the following activities. Check all th	at apply.		
а	a X Mail solicitations e X Solicitation of non-government grants								
b	b X Internet and email solicitations f X Solicitation of government grants								
С	Х	Phone solicita	tions	g 🛚	<	Special fundraising events			
d	Х	In-person solid	citations						
2 a		•	n have a written or oral agreement v isted in Form 990, Part VII) or entity		•	, ,	•	X Yes	☐ No
b	If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								

(iii) Did fundraiser have

custody or control of

(ii) Activity

		contrib	utions?		fundraiser listed in col. (i)	organization
		Yes	No			
	TELE-					
BENNETT DIRECT	FUNDRAISING		X	192,731.	88,964.	103 <b>,</b> 767.
						,
Total				192,731.	88,964.	103,767.
Total						
3 List all states in which the organization	on is registered o	r licensed	d to solic	it funds or has b	een notified it is	exempt from
registration or licensing.						
KS, MO,						

OCIT	Juuic	2 G (1 GHH 330 G 330-LZ) 2003		15 12				i age =
Pa	rt I	Fundraising Events.Comple more than \$15,000 on Form	te if the organization a 990-EZ, line 6a. List e	answered "Yes" to Fo events with gross rece	rm 990, Part IV, line ipts greater than \$5	18, or rep ,000.	ortec	t
			(a) Event #1 JEWEL BALL (event type)	(b) Event #2 SYMPHONY BALL (event type)	(c) Other Events  (total number)	(d) Tota (add col. (a		
Revenue		Gross receipts Less: Charitable	696,875.	662,341.	317,152.	1,	676,	, 368
Ľ		contributions	495,844.	488,040.	32,603.	1,	016,	, 487
	3	Gross income (line 1 minus line 2)	201,031.	174,301.	284,549.		659,	,881
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs	138,033.	53,255.	7,759.		199,	,047
Direct Expenses	7	Food and beverages	0.	805.	24,905.		25,	,710
Direc	8	Entertainment	11,895.	16,386.	300.		28,	,581
	9	Other direct expenses	243,293.	70,788.	91,633.		405,	,714
	10 11		• , ,			( 6	559,0	052. <u>)</u> 829
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a.	es" to Form 990, Par	t IV, line 19, or repo	rted more		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ga col. (a) thro		
_ Re	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
_	5	Other direct expenses						
	6	Volunteer labor	Yes% No	S% No	Yes% No			
	7	Direct expense summary. Add lines 2 t	through 5 in column (d)			(		)
_	8	Net gaming income summary. Combin	e line 1, column d, and li	ne 7				
	a Is	inter the state(s) in which the organization is the organization licensed to operate ga				9a	Yes	No
10 a	_ a V	Vere any of the organization's gaming lic	enses revoked, suspend	ed or terminated during t	the tax year?	 10a		
ı	<b>o</b> If _	"Yes," explain:						
11 12		oes the organization operate gaming ac the organization a grantor, beneficiary			or other entity	11		
	13	, and organization a granitor, beneficially t			or outer criticy			

12

formed to administer charitable gaming?

			res	NO
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility			
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
15 a	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization 🕒 and the			
	amount of gaming revenue retained by the third party 💃			
С	If "Yes," enter name and address of the third party:			
	Name •			
	Name			
	Address ►			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation   \$\bigs\\$			
	Description of convices provided by			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	110		
-	or spent in the organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

## SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Open to Public Inspection

Name of the organization	Employer identification number			
ANSAS CITY SYMPHONY 43-1297475				
Part I General Information on Grants and Assistance	•			
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or as the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>		X Yes No		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received Part IV and Schedule I-1 (Form 990) if additional space is needed	ved more than \$5	,000. Use		
1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant assistance (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE NELSON ATKINS MUSEUM OF ART 4525 OAK STREET KANSAS CITY, MO 64111 44-0558499 501(C)(3) 150,000.		SUPPORT OPERATIONS		
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> <li>For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> </ul>		$\frac{1}{0}$		

	Assistance to Individuals hedule I-1 (Form 990) if a			e organization answered	"Yes" on Form 990, Part IV, line 22.		
(a) Type of grant or assis	tance (b) Numb recipier		(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
Part IV Supplemental Info	rmation. Complete this pa	art to provide the in	formation required	in Part I, line 2, and any	other additional information.		
PROCEDURES FOR MONITOR	ING THE USE OF GRAN	TS PAID					
SCHEDULE I, PART I, LI	NE 2						
ONE VOLUNTEER ORGANIZA	TION, THE JEWELL BA	LL, WHICH IS O	RGANIZED UNDER	. THE			
SYMPHONY'S AUSPICES, RA	AISES FUNDS FOR BOT	H THE KANSAS C	ITY SYMPHONY A	ND			
THE NELSON ATKINS MUSE	UM OF ART. GROSS RE	VENUE AND EXPE	NSES ARE RUN				
THROUGH THE SYMPHONY'S BOOKS AND NET PROCEEDS ARE SPLIT BETWEEN THE TWO							
ORGANIZATIONS EQUALLY.							

## **SCHEDULE J** (Form 990)

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions. OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

KANSAS CITY SYMPHONY

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Employer identification number

43-1297475

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

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

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	rred benefits (B)(i)-(D) reported tion Form		reported in prior Form 990 or Form 990-EZ
	(i)	180,543.	0.	6,568.	5,543.	12,184.	204,838.	0
FRANK BYRNE	(ii)		0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<b></b>

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
HEALTH OR SOCIAL CLUB DUES
SCHEDULE J, PART I, LINE 1A
THE KANSAS CITY SYMPHONY PROVIDED HEALTH CLUB DUES TO FRANK BYRNE WHICH
WERE INCLUDED ON HIS W-2 AS TAXABLE COMPENSATION.

### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009
Open To Public Inspection

Name of the organization **Employer identification number** KANSAS CITY SYMPHONY 43-1297475 Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (C) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? (f) Approved (g) Written (b) Loan to or from principal amount by board or agreement? the organization? committee? Tο From Yes Nο Yes Nο Yes No 177,550. 177,550. SHIRLEY HELZBERG FURN. & IMPROVEMENTS Total 177,550 Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the transaction organization's organization revenues? No SEE SCHEDULE O

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

Schedule L (Form 990 or 990-EZ) 2009

## SCHEDULE M (Form 990)

## **Noncash Contributions**

2009
Open To Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organizationEmployer identification numberKANSAS CITY SYMPHONY43-1297475

Par	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) deterr		
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded		13	79,935.	FMV			
10	Securities-Closely held stock			,				
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
. •	contribution-Historic							
	structures							
14	Qualified conservation							
• •	contribution-Other							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
 21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by	the organiza	tion during the tax vear for c	ontributions for				
	which the organization completed Fo	0	,		29			(
	p.	0200, . 0	, 20007.0000				Yes	No
30 a	During the year, did the organizat	tion receive	by contribution any prope	erty reported in Part I, lin	e 1-28 that			
	it must hold for at least three yea							
	used for exempt purposes for the e					30a		Х
b	If "Yes," describe the arrangement in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
31	Does the organization have a		ance policy that require	s the review of any r	non-standard			
	contributions?	•	• •	•		31	Х	
32 a	Does the organization hire or use				sell noncash			
	contributions?	•		· •		32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report re	evenues in c	column (c) for a type of pro-	perty for which column (a	) is checked			
- <del>-</del>	describe in Part II		(c) ici a typo or pro	,	,			

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

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009 43-1297475 Page **2** 

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
USE OF THIRD PARTY TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B
AN OUTSIDE BROKER IS USED TO SELL CONTRIBUTIONS OF STOCK TO CONVERT
ASSETS INTO CASH.

# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KANSAS CITY SYMPHONY

Employer identification number

43-1297475

ATTACHMENT 2

NUMBER OF EMPLOYEES

FORM 990, PART I, LINE 4 & PART V, LINE 2A

THE SYMPHONY'S ORCHESTRA COMPLEMENT IS 78 MUSICIANS AND TWO MUSIC
LIBRARIANS AND THERE ARE 26 FULL AND PART-TIME ADMINISTRATIVE STAFF. THE
REMAINING W-2S ARE ISSUED TO EXTRA AND SUBSTITUTE MUSICIANS, STAGEHANDS,
SECURITY GUARDS, AND USHERS, ALL OF WHICH ARE TEMPORARY PART-TIME
EMPLOYEES.

AUDITED FINANCIAL STATEMENTS

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

THE KANSAS CITY SYMPHONY RECEIVED AN AUDIT ON ITS FINANCIAL STATEMENTS
HOWEVER IT EXCLUDED FROM THE ACCOMPANYING FINANCIAL STATEMENTS ITS
BENEFICIAL INTEREST IN THE NET ASSETS HELD BY A THIRD-PARTY FOUNDATION.
THIS PRACTICE IS NOT IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY
ACCEPTED IN THE UNITED STATES OF AMERICA. THE MARKET VALUE OF INVESTMENTS
AND THE RELATED INCOME OF THE THIRD-PARTY FOUNDATION ARE INCLUDED IN THE
NOTES TO THE FINANCIAL STATEMENTS.

EXCEPT FOR THE EFFECTS ON THE FINANCIAL STATEMENTS OF THE OMISSION OF THE KANSAS CITY SYMPHONY'S BENEFICIAL INTEREST IN NET ASSETS HELD BY A THIRD-PARTY FOUNDATION AS DESCRIBED IN THE PRECEDING PARAGRAPH, THE FINANCIAL STATEMENTS REFERRED TO ABOVE PRESENT FAIRLY, IN ALL MATERIAL RESPECTS, THE FINANCIAL POSITION OF THE KANSAS CITY SYMPHONY AS OF JUNE 30, 2010 AND 2009, AND THE CHANGES IN NET ASSETS AND ITS CASH FLOWS FOR

Name of the organization Employer identification number

KANSAS CITY SYMPHONY 43-1297475

ATTACHMENT 2 (CONT'D)

THE YEARS THEN ENDED IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

SHIRLEY HELZBERG AND JAIME MONTGOMERY HELZBERG HAVE A FAMILY

RELATIONSHIP.

DOCUMENTATION OF MEETINGS

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

THE RETIREMENT COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ON MATTERS THAT RELATE TO THE 403(B) RETIREMENT PLAN. THE MINUTES OF THE RETIREMENT COMMITTEE ARE DOCUMENTED.

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY BUT IT DOES NOT HAVE PRACTICES OR POLICIES REGARDING

DOCUMENTATION OF MEETINGS OR WRITTEN ACTION OF ITS COMMITTEE. AN AGENDA

AND WRITTEN REPORT ABOUT ISSUES WHICH ARE TO BE DISCUSSED AT EACH MEETING

ARE PROVIDED BY THE EXECUTIVE DIRECTOR PRIOR TO THE MEETING.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11A

THE ORGANIZATION'S FINANCE DIRECTOR AND ACCOUNTING MANAGER GATHER THE INFORMATION WHICH IS SENT TO AN INDEPENDENT ACCOUNTING FIRM FOR PREPARATION AND REVIEW OF THE RETURN. THE RETURN IS THEN REVIEWED BY THE FINANCE DIRECTOR, THE EXECUTIVE DIRECTOR AND THE BOARD TREASURER. ANY QUESTIONS OR CONCERNS OF THESE REVIEWERS ARE ADDRESSED WITH THE

Name of the organization Employer identification number

KANSAS CITY SYMPHONY 43-1297475

ATTACHMENT 2 (CONT'D)

INDEPENDENT ACCOUNTING FIRM. ANY CHANGES OR CLARIFICATIONS THAT NEED TO BE INCORPORATED INTO THE RETURN ARE MADE. ONCE THESE CHANGES ARE INCORPORATED, THE 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE AND ANY CHANGES OR CLARIFICATIONS REQUIRED SUBSEQUENT TO THAT REVIEW ARE INCORPORATED INTO THE RETURN. THEN THE RETURN IS EMAILED TO THE ENTIRE VOTING BOARD WITH INSTRUCTION TO CONTACT THE BOARD TREASURER WITH ANY CONCERNS OR QUESTIONS THEY MAY HAVE. ANY CHANGES OR CLARIFICATIONS THAT NEED TO BE INCORPORATED IN THE RETURN ARE MADE AND THEN THE RETURN IS FINALIZED AND EMAILED BACK TO THE BOARD PRIOR TO SUBMISSION TO THE IRS.

CONFLICT OF INTEREST POLICY

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

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

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

POSSIBLE CONFLICT OF INTEREST.

#### 1. DUTY TO DISCLOSE:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE BOARD OF DIRECTORS, OR COMMITTEE WITH BOARD-DELEGATED POWERS, WHILE THE BOARD OR COMMITTEE IS CONSIDERING A PROPOSED TRANSACTION.

2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED. THE REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS, SUBJECT TO THE APPLICATION OF PARAGRAPH 3A. THROUGH C. BELOW.

3. PROCEDURE FOR ADDRESSING THE CONFLICT OF INTEREST.

Name of the organization Employer identification number

KANSAS CITY SYMPHONY 43-1297475

ATTACHMENT 2 (CONT'D)

- A. THE CHAIRPERSON OF THE BOARD SHALL, IF APPROPRIATE, APPOINT A
  DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE
  PROPOSED TRANSACTION.
- B. AFTER EXERCISING DUE DILIGENCE, THE INVESTIGATING PERSON OR COMMITTEE SHALL REPORT HIS OR ITS FINDINGS TO THE BOARD AS TO WHETHER KCS CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
- C. IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO KCS AND IF SUCH DECISION IS MADE, KCS MAY ENTER INTO THE TRANSACTION IN CONFORMITY WITH SUCH DETERMINATION. THE INTERESTED DIRECTOR SHALL NOT BE PRESENT FOR THE DISCUSSION OR VOTE.
- 4. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:
- A. IF THE BOARD OR MEMBER OF THE BOARD OR STAFF HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR, OFFICER, MEMBER OF A COMMITTEE, OR KEY EMPLOYEE PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERESTS, THE EXECUTIVE COMMITTEE SHALL BE NOTIFIED AND THE EXECUTIVE COMMITTEE SHALL INFORM SUCH PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD SUCH PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.
- B. IF, AFTER HEARING THE RESPONSE OF SUCH PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE EXECUTIVE COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL REPORT ITS FINDINGS TO

Name of the organization

Employer identification number

KANSAS CITY SYMPHONY 43-1297475

ATTACHMENT 2 (CONT'D)

THE FULL BOARD, IN THE CASE OF A MEMBER, OFFICER OR COMMITTEE MEMBER, OR
TO THE EXECUTIVE DIRECTOR IN THE CASE OF A KEY EMPLOYEE (PROVIDED,
HOWEVER, IF THE PERSON WHO FAILED TO MAKE THE APPROPRIATE DISCLOSURE IS
THE EXECUTIVE DIRECTOR, THE FINDINGS SHALL BE REPORTED TO THE FULL BOARD)
AND THE FULL BOARD OR EXECUTIVE DIRECTOR SHALL TAKE APPROPRIATE
DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY INCLUDE REMOVAL OR
DISMISSAL.

SECTION E RECORDS OF PROCEEDINGS:

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

- 1. THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE
  A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF
  INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO
  DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S,
  INVESTIGATING PERSON'S, COMMITTEE'S OR EXECUTIVE COMMITTEE'S DECISION AS
  TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED.
- 2. THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSION AND VOTING RELATING TO THE TRANSACTION OR ARRANGEMENT, A REASONABLE SUMMARY OF THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH. THE VOTES CAST BY PARTICULAR INDIVIDUALS SHALL NOT BE RECORDED, ONLY THE TOTALS.

COMPENSATION REVIEW

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

LINE 15A:

MANY TIMES THE ANNUAL SALARY INCREASE RECEIVED BY THE EXECUTIVE DIRECTOR

Name of the organization

KANSAS CITY SYMPHONY

Employer identification number 43-1297475

19 1237179

ATTACHMENT 2 (CONT'D)

HAS BEEN THE SAME AMOUNT BUDGETED FOR THE ENTIRE STAFF. HOWEVER, WHEN IN TOTAL THE EXECUTIVE DIRECTOR'S TOTAL COMPENSATION PACKAGE HAS BEEN REVIEWED OR WHEN BONUSES HAVE BEEN AWARDED, THE EXECUTIVE COMMITTEE HAS REVIEWED SALARY DATA COLLECTED BY THE LEAGUE OF AMERICAN ORCHESTRAS ANNUALLY. CHANGES IN THE TOTAL COMPENSATION HAVE BEEN MADE THAT ARE IN LINE WITH THE PACKAGES OFFERED BY OTHER SYMPHONY ORCHESTRAS WITH LIKE SIZE ANNUAL BUDGETS. THE BOARD PRESIDENT NOTIFIES THE DIRECTOR OF BUSINESS OPERATIONS IN WRITING OF ANY CHANGES TO BE MADE IN THE TOTAL COMPENSATION OF THE EXECUTIVE DIRECTOR. FOR THE FISCAL YEAR ENDED 06/30/2010 THE EXECUTIVE DIRECTOR TOOK AN 11.5% CUT IN SALARY IN ORDER TO CONTAIN COSTS.

#### LINE 15B:

THE DIRECTOR OF BUSINESS OPERATIONS, WHO SERVES AS THE TOP FINANCIAL OFFICER FOR THE SYMPHONY, IS THE ONLY OTHER OFFICER REQUIRED TO BE LISTED. THE EXECUTIVE DIRECTOR DETERMINES COMPENSATION FOR THIS INDIVIDUAL AND USES THE ANNUAL SALARY DATA COLLECTED BY THE LEAGUE OF AMERICAN ORCHESTRAS TO ASSURE THAT TOTAL COMPENSATION IS COMPARABLE TO LIKE SIZED ORCHESTRAS. FOR FISCAL YEAR ENDED 06/30/2010 THE STAFF AND ORCHESTRA OF THE SYMPHONY TOOK 6% CUTS IN SALARY IN ORDER TO CONTAIN COSTS.

### AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

KANSAS CITY SYMPHONY

43-1297475

ATTACHMENT 2 (CONT'D)

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

- (A) SOBEL PROPERTIES, LLC.
- (B) SHIRLEY HELZBERG IS A MANAGING MEMBER OF SOBEL PROPERTIES, LLC. AND A DIRECTOR OF THE KANSAS CITY SYMPHONY.
- (C) \$ 115,098
- (D) THE KANSAS CITY SYMPHONY LEASES OFFICE SPACE FROM SOBEL PROPERTIES, LLC.
- (E) NO

agn T	Evem	ot Organization Business	Incom	a Tay Returnon	d provv	tay undar caction	6033(a)) F	OMB No. 1545-0687
Form <b>990-T</b>	-	For calendar year 2009 or other tax y				/01 , 2009, and		20 <b>09</b>
Department of the Treasury Internal Revenue Service		ending 06/30, 20		See se				Open to Public Inspection for 501(c)(3) Organizations Only
X Check box if		<del>, , , , , , , , , , , , , , , , , , , </del>		me changed and see ins			D Emplo	oyer identification number
address change	d			_			(Employ on page	ees' trust, see instructions for Block D 9.)
B Exempt under section		KANSAS CITY SYMPHO	NY				. , , , ,	,
X 501( C )( 3 )	Print	Number, street, and room or suite no.	If a P.O.	box, see page 8 of inst	ructions.		43-1	297475
408(e) 220(e	) or Type							ated business activity codes
408A 530(a		1703 WYANDOTTE STR	EET				(See in	structions for Block E on page 9.)
529(a)		City or town, state, and ZIP code						
C Book value of all assets		KANSAS CITY, MO 64	108					
at end of year	<b>F</b> Gro	up exemption number (See instruc	tions fo	r Block F on page 9.)	<b>&gt;</b>			
9,140,823.	<b>G</b> Che	eck organization type 🕨 🛛 🗓 50	)1(c) co	rporation	501(c	) trust	401(a)	trust Other trust
H Describe the organi	zation's pri	imary unrelated business activity.	<b>&gt;</b>					
I During the tax year,	was the co	orporation a subsidiary in an affiliat	ted grou	ıp or a parent-subsidi	ary con	trolled group?		Yes X No
If "Yes," enter the na	ame and id	lentifying number of the parent cor	poration					
J The books are in ca	re of 🕨	BARBARA TATE		Te	elephon	e number 🕨 🛚	316-218	3-2610
Part I Unrelate	ed Trade	e or Business Income		(A) Income		(B) Expe	nses	(C) Net
1a Gross receipts o	r sales	0.						
<b>b</b> Less returns and allow	vances	<b>c</b> Balance	<b>▶</b> 1c		0.			
2 Cost of goods so	old (Schedu	ule A, line 7)	. 2					
3 Gross profit. Sub	tract line 2	2 from line 1c	3		0.			C
4 a Capital gain net	income (att	tach Schedule D)	4a					
		rt II, line 17) (attach Form 4797)						
		rusts	- 1					
		s and S corporations (attach statement)						
		come (Schedule E)						
		ties, and rents from controlled						
	-							
		section 501(c)(7), (9), or (17						
			-					
10 Exploited exemp	t activity in	come (Schedule I)	10					
		ule J)						
		of the instructions; attach schedule.)						
,	. •	ough 12			0.			(
		Taken Elsewhere (See pa		of the instructio	ns for	limitations o	n deduct	ions.)
	_	ributions, deductions must						
		directors, and trustees (Schedule K						C
20 Charitable contri	butions (Se	ee page 13 of the instructions for li	mitation	rules.)			20	
		4562)					0.	
		on Schedule A and elsewhere on r					22b	C
		ompensation plans						
25 Employee benef	it programs	S					25	
26 Excess exempt 6	expenses (	Schedule I)					26	
		Schedule J)						
		chedule)						
								C
		e income before net operating loss		on Subtract line 20 fe				
		on (limited to the amount on line 30 and income before specific deduction.						C
32 Unrelated busine								
22 Charles de de de de	ui uzenera		. IT IS TOT	exceniinas i			33	-
		ally \$1,000, but see line 33 instructi						
34 Unrelated busin	ess taxabl	lily \$1,000, but see line 33 instructi le income. Subtract line 33 from li o or line 32	ne 32. If	fline 33 is greater tha	an line		24	0

Form 990-T (2009) 43-1297475 Page **2** 

Part	T:	ax Computation				
35	Organizati	ons Taxable as Corporations. See instructionsfor tax computation on page 15				
	Controlled	group members (sections 1561 and 1563) check here  See instructions and:				
а	Enter you	share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) \$	(2) \$ (3) \$				
b	Enter orga	nization's share of: (1) Additional 5% tax (not more than \$11,750)				
		nal 3% tax (not more than \$100,000)				
С	Income tax	on the amount on line 34	▶ 35c			0 .
36	Trusts Ta	exable at Trust Rates. See instructions for tax computation on page 16. Income tax or	1			
	the amoun	t on line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶ 36			
37	Proxy tax.	See page 16 of the instructions				
38		minimum tax				
39	Total. Add	lines 37 and 38 to line 35c or 36, whichever applies				0 .
Part		ax and Payments				
40 a	Foreign tax	credit (corporations attach Form 1118; trusts attach Form 1116) 40a				
b	Other cred	its (see page 16 of the instructions)	7			
		siness credit. Attach Form 3800	7			
		rior year minimum tax (attach Form 8801 or 8827)	7			
		ts. Add lines 40a through 40d	40e			
41	Subtract lir	ue 40e from line 39	41			0
42	Other taxes.	Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				
43	Total tax.	Add lines 41 and 42	43			0
44 a	Payments:	A 2008 overpayment credited to 2009				
b		ated tax payments 44b				
c		ted with Form 8868 44c				
d	•	ganizations: Tax paid or withheld at source (see instructions)				
е		hholding (see instructions)				
f		its and payments: Form 2439				
		1 4136 Other Total ▶ 44f				
45	Total payn	nents. Add lines 44a through 44f	45			
46		tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46			
47		line 45 is less than the total of lines 43 and 46, enter amount owed	47			0
48	Overpaym	ent. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>			0
49	Enter the a	mount of line 48 you want: Credited to 2010 estimated tax Refunded	49			0 .
Par	V S	tatements Regarding Certain Activities and Other Information (see instruction	ns on p	age 17)		
1	At any time	e during the 2009 calendar year, did the organization have an interest in or a signature or other authori	ty over	a financial	Yes N	lo
	account (b	ank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1,	Report	of Foreign		
	Bank and F	Financial Accounts. If YES,enter the name of the foreign country here ▶			Х	
2	During the	tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trus	st?	Х	
	If YES, see	page 5 of the instructions for other forms the organization may have to file.				
3	Enter the a	mount of tax-exempt interest received or accrued during the tax year > \$				
<u>Sch</u>	<u>edule A</u>	- Cost of Goods Sold. Enter method of inventory valuation ▶		T		
1	Inventory a	t beginning of year 1 6 Inventory at end of year	6			
2	Purchases	7 Cost of goods sold. Subtract line				
3	Cost of lab	or				
4 a	Additional	section 263A costs Part I, line 2	. 7			
	(attach sch	edule)	with re	espect to	Yes N	lo
b	Other costs	s (attach schedule) . 4b property produced or acquired for		,		
5		lines 1 through 4b 5 to the organization?			X	
	correct a	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	of my ki	nowledge and b	elief, it is t	rue
Sigr	)   N		May the I	RS discuss this	return with	h
Here			the prepa	rer shown belo		
	Signatur		nstruction	, 177 10		lo
Paid		Preparer's Check if	Prep	arer's SSN or F	PTIN	
	arer's	signature self-employed self-employed		P0048283	34	
	Only	vours it self-employed)	-0160			
	Jy	address, and ZIP code 1201 WALNUT, SUITE 1700 Phone no. 816	221-			
		KANGAG CITY MO 6/106-22/6		Earm 0	On T (20)	۸۸۱

43-1297475 Form 990-T (2009) Page 3

Schedule C - Rent Income (see instructions on page 18		perty a	nd Personal Prop	erty	Leased V	ith Real Prop	erty)	
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received	or accrue	ed					
(a) From personal property (if the per for personal property is more than more than 50%)	percenta	rom real and personal prop ige of rent for personal prop if the rent is based on profi	erty e	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)								
(2)								
(3)								
(4)								
Total	To	otal						
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,	. , . , ,					(b) Total deduction Enter here and or Part I, line 6, colu	n page 1	
Schedule E - Unrelated De			ee instructions on pag	e 19	)			
1. Description of deb	t-financed property	,	2. Gross income from or allocable to debt-financed property (a) Straight		debt-finance	d property	· ·	
·			property		(a) Straight (attach	ht line depreciation ch schedule)		(b) Other deductions (attach schedule)
<u>(1)</u>								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted ba of or allocable to debt-financed propert (attach schedule)		erty	6. Column		7. Gross income reportable (column 2 x column 6)			Allocable deductions mn 6 x total of columns 3(a) and 3(b))
<u>(1)</u>				%				
(2)				%				
(3)				%				
(4)				%				
Totals  Total dividends-received deducti				<b>.</b>	Part I, line 7	and on page 1, , column (A).		here and on page 1, , line 7, column (B).
Schedule F - Interest, Ann			Ponts From Contro	· · ·	l Organiza	tions	lotions c	n nago 20\
Schedule F - Interest, Am	Tuities, Royalties		cempt Controlled Org			itions(see insur	ictions c	on page 20)
Name of controlled organization	2. Employer identification number		3. Net unrelated income (loss) (see instructions)	<b>4.</b> To	otal of specified yments made	5. Part of column included in the coorganization's gro	ontrolling	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated inc (loss) (see instructi		Total of specified payments made	d	includ	rt of column 9 that is ed in the controlling ation's gross income	0	11. Deductions directly onnected with income in column 10
(1)						<u> </u>		
(2)								
(3)								
(4)								
Totals					Enter here	nns 5 and 10. e and on page 1, e 8, column (A).	Ente	columns 6 and 11. er here and on page 1, I, line 8, column (B).

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Schedule G -Investment Ir	ncome of a Sec	tion 501(c)(	7), (9	), or (17) Organi	izatic	n (see inst	ructions on pa	ige 2	20)
1. Description of income	2. Amount of	income		3. Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and Part I, line 9, co								ter here and on page 1 rt I, line 9, column (B).
Totals ▶									
Schedule I - Exploited Exe	mpt Activity In	come, Othe	r Tha	an Advertising Ir	ncom	e (see instru	ctions on page	21	)
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected w production unrelated business inco	rith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror	Gross income n activity that not unrelated iness income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col. (	t I,						Enter here and on page 1, Part II, line 26.
Totals		4:	04	\					
Schedule J - Advertising I									
Part I Income From Per	riodicals Repor	ted on a Co	onsol	idated Basis			T.		
1. Name of periodical	2. Gross advertising income	3. Direct advertising co		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income	6. Readershi costs	р	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)								$\neg$	
(4)								$\neg$	
(+)									
Totale (corrute Port II, line (F))									
Part II Income From Pe		tod on a C	0004	ota Basia (For a	oob r	oriodical li	tod in Dort	    f	ill in columns C
Part II Income From Pe through 7 on a lin			epara	ate basis (FOI e	acii į	Denouicai ii	sieu iii Fait	11, 1	III III COIUIIIIIS 2
tillough 7 on a lin	The basis.	)					I		
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income	6. Readershi costs	р	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(1)					<del>                                     </del>				
(2)									
(3)									
(4)									
(5) Totals from Part I  Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Pa line 11, col. (	rt I					-	Enter here and on page 1, Part II, line 27.
Schedule K - Compensation	n of Officers 5	)irectore a	nd T	rustans/cap instru	ctions	on nage 21)			
1. Name	on on onicers, L	Jirectors, a		2. Title	CHOIR	3. Percent of time devoted to	4. Com		ation attributable to
						business	u	nrela	ted business
ATCH 1							%		
							%		
							%		
							%		
Total. Enter here and on page 1, P.	art II, line 14						<u>.▶ </u>		0

ATTACHMENT 1

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
SHIRLEY B. HELZBERG 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR/PRESIDENT	0.000000	0.
ROBERT A. KIPP 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR/VICE PRESIDENT	0.000000	0.
MICHAEL D. FIELDS 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR/VICE PRESIDENT	0.000000	0.
WILLIAM M. LYONS 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR/VICE PRESIDENT	0.000000	0.
JOSHUA SOSLAND 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR/VICE PRESIDENT	0.000000	0.
WILLIAM B. TAYLOR 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR/SECRETARY/TREASURER	0.000000	0.
HO ANTHONY AHN 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
SEAN BRUMBLE 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.

ATTACHMENT 1 (CONT'D)

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
PETER DESILVA 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
JOAN HORAN 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
PETER S. LEVI 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
PATRICK A. PERSOHN 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
DAMON SHELBY PORTER 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
GWYN PRENTICE 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
NELSON R. SABATES 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
THOMAS M. SCOTT 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.

ATTACHMENT 1 (CONT'D)

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
BARBARA TATE 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR BUSINESS OPERATIONS	0.000000	0.
FRANK BYRNE 1020 CENTRAL 300 KANSAS CITY, MO 64105	EXECUTIVE DIRECTOR	0.000000	0.
ANN KAUFMANN BAUM 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
JOHN EDGAR 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
MICHAEL GORDAN 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
JILL HALL 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
KAREN HARDCASTLE 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
JAMIE MONTGOMERY HELZBERG 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.

ATTACHMENT 1 (CONT'D)

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS <u>PERCENT</u>	COMPENSATION
SARAH ROWLAND 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.00000	0.
JENIFER RICHISON 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64105	DIRECTOR	0.000000	0.
TOTAL COMPENSATION		- -	0.