Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	e 201	1 calenda	ar year, or tax year beg	inning 07	/01 ,2011	, and endir	ng	(06/30 ,20 ₁₂	
n			C Name of	f organization				1	D Employer ident	tification number	
D Cr	neck if ap	oplicable:	KANS	AS CITY SYMPHONY							
	Addre		Doing Bu	usiness As					43-12974	75	
	Name	change	Number	and street (or P.O. box if mail i	s not delivered to street addre	ss)	Room/suite	E	E Telephone num	ber	
	Initial	return	1703	WYANDOTTE STREET	Γ		STE 20	0	(816) 471-	-1100	
	Term	inated	City or to	own, state or country, and ZIP +	4		•				
	Amer		KANS	AS CITY, MO 64108	3			I	Gross receipts	\$ 13,350	0,038.
		cation	F Name	e and address of principal of	ficer: FRANK BYRNE			ŀ	(a) Is this a group i	return for Yes	X No
	_ pena	ıııg	1703	WYANDOTTE STREET	r, ste 200 kans <i>i</i>	AS CITY,	MO 6410)5 F	affiliates? H(b) Are all affiliates	included? Yes	No
Ι.	Tax-ex	empt sta		501(c)(3) 501(c) () 	4947(a)(1)			. ,	a list. (see instructions)	
				SYMPHONY.ORG	, (1 1 11 (0)(1)	. , , , , , ,		H(c) Group exemption	on number	
				Corporation Trust	Association Other	-	L Year o		.,	ate of legal domicile	e: MO
	rt I		mmary				1 - 1 - 1 - 1				
	1			the organization's mission	or most significant activitie)C'					
	•	THE	VISION	OF THE KANSAS C	ITY SYMPHONY IS	 TO TRAI	NSFORM H	EARTS	. MINDS.		
၁င				NITIES THROUGH TH							
па											
Governance	2	Chack	this box	if the organization	discontinued its operation	ne or dienoe	ed of more tha		of its not assets		
ŏ	3				•	•			1	.	23.
భ	_	Numb	or of inder	g members of the governin	the governing hady (Port	\/ ling 1b\			4		18.
iţi	4	Tatal	ei oi iliaet	pendent voting members of	line governing body (Part	VI, IIIIE ID)	• • • • • •				316.
Activities	5	Totali	number of	individuals employed in ca	iendar year 2011 (Part V,	iine za)			5		
Ă	6	Totali	number of	volunteers (estimate if nece	ssary)						600.
				elated business revenue from							
	D	Net ur	nrelated bu	usiness taxable income from	1 Form 990-1, line 34						
	_								Prior Year	Current	
ne		Contri	ibutions an	nd grants (Part VIII, line 1h)		COPY	f FOR	1	0,226,483	_	1,060.
Revenue	9	Progra	am service	e revenue (Part VIII, line 2g)		PUBLIC IN	ISPECTION		3,378,809	_	5,789.
Re	10	IIIVESI	inent inco	ine (rait viii, coluinii (A), iii	165 5, 4, and ruj				52,052		1,030.
	11			Part VIII, column (A), lines 5					30,015		1,567.
				add lines 8 through 11 (mu				1	3,687,359		
	13	Grants	s and simi	lar amounts paid (Part IX, co	olumn (A), lines 1-3)				135,000	. 155	5,000.
	14	Benef	its paid to	or for members (Part IX, col	umn (A), line 4)					0	0
es				compensation, employee be					8,193,579		1,537.
Expenses	16a	Profes	ssional fun	ndraising fees (Part IX, colum	nn (A), line 11e)				90,986	. 114	1,727.
ď				g expenses (Part IX, column		890,86					
ш	17	Other	expenses	(Part IX, column (A), lines 1	1a-11d, 11f-24f)				3,438,117	. 4,120),150.
	18	Total e	expenses.	Add lines 13-17 (must equa	al Part IX, column (A), line	25)		1	1,857,682	. 13,414	,414.
	19	Reven	nue less ex	xpenses. Subtract line 18 fro	m line 12				1,829,677	1,002	2,162.
ces								Beginni	ng of Current Yea	er End of Yo	ear
sets	20	Total a	assets (Par	rt X, line 16)				1	2,347,078	. 11,526	,659.
AB	21	Total I	liabilities (F	Part X, line 26)					4,228,922	. 4,409	9,069.
Net Assets or Fund Balances	22			nd balances. Subtract line 2					8,118,156	. 7,117	7,590.
	rt II	Sig	gnature B	Block						•	
Unc	ler per	nalties o	f perjury, I d	leclare that I have examined this ration of preparer (other than of	return, including accompany	ying schedules	and statement	s, and to t	he best of my kno	wledge and belief, it	is true,
COII	ect, ar	Т	piete. Deciai	ration of preparer (other than on	icer) is based on all illiornial	ion of which p	reparer rias arry	KIIOWIEU	ye.		
Si	ign										
	ere		Signature o	of officer					Date		
			Type or prir	nt name and title							
			Type prepar		Preparer's signature		Date		Check if	PTIN	
Paid									self- employed	P004828	334
	oarer	Eirm's	nome -	BKD, LLP				F		4-0160260	
Use	Only		s name	·	1700 KANGAC CTTT	C410C 2245				16 221-6300)
May	the I		s address cuss this r	return with the preparer sho	1700 KANSAS CITY, MO wn above? (see instruction						No
uy			1110 1		(000 111011 4011011					. 41 162	IND

KANSAS CITY SYMPHONY 43-1297475 Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III 1 Briefly describe the organization's mission: SEE SCHEDULE O 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ _____1, 267, 077. including grants of \$ ______155, 000.) (Revenue \$ _____4, 956, 789.) SEE SCHEDULE O 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$

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

(Expenses \$ including grants of \$

4e Total program service expenses ► 11,267,077.

) (Revenue \$

JSA 1E1020 1.000 Form 990 (2011)
Page 3

Part	Checklist of Required Schedules		V	N1 -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,"	_		37
_	complete Schedule D, Part III	8		X
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,"			v
4.0	complete Schedule D, Part IV	9		X
10		4.0	x	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а		11a	х	
h	Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			7.7
. –	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-	77	
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	Х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
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		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, , , , , , , , , , , , , , , , , , , ,			

Form 990 (2011) Page 4

Part	V Checklist of Required Schedules (continued)			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 - a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
	through 24d and complete Schedule K. If "No," go to line 25	24a		- 1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
٠-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
34	IV, and V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a		33a		- 1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	256		v
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011) Page **5**

Par				
	Check if Schedule O contains a response to any question in this Part V			- 🔛
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		Yes	No
	Enter the number reported in Box 6 or 1 oint 1000. Enter 6 in not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		1 c	Х	
22	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	21	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 316			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c h		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 1		
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14a 14b		Λ
	n Tea, nga n nieu di VIII IZ V IV Tevori Neae vovinena (Tr. No., Drovide an explanation in achemie C	1 44 1 7		1

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Form 990 (2011) KANSAS CITY SYMPHONY 43-1297475 Page 6 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. Check if Schedule O contains a response to any question in this Part VI............................. Χ Section A. Governing Body and Management Nο 23 1a 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 18 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ describe in Schedule O how this was done Х 13 13 Χ 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_KS,MO, 17

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website | X | Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶_{BARBARA TATE 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64105}

11:30:13 AM V 11-6.5

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Form 990 (2011) KANSAS CITY SYMPHONY 43-1297475 Page **7**

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1033-MIGG)	organization and related organizations
(1) SHIRLEY B. HELZBERG										
DIRECTOR/PRESIDENT	1.00	X		Χ				C	0	0
(2) ROBERT A. KIPP										
DIRECTOR/VICE PRESIDENT	1.00	Х		Χ				C	0	0
(3) MICHAEL D. FIELDS										
DIRECTOR/VICE PRESIDENT	1.00	X		X				С	0	0
(4) WILLIAM M. LYONS	1 00									0
DIRECTOR/VICE PRESIDENT	1.00	X		Х				C	0	0
(5) JOSHUA SOSLAND DIRECTOR/VICE PRESIDENT	0	Х		Х					0	0
(6) WILLIAM B. TAYLOR	0	Λ		Λ					0	
DIRECTOR/SECRETARY/TREASURER	1.00	x		Х					0	0
(7) CHRISTOPHER MCLAURIN										
DIRECTOR	20.00	Х						65,543.	0	12,833.
(8) BRIAN ROOD								,		,
DIRECTOR	20.00	Х						50,817.	0	14,196.
(9) JOAN HORAN										
DIRECTOR	1.00	Х						C	0	0
(10) PETER S. LEVI										
DIRECTOR	1.00	Х						C	0	0
(11) PATRICK A. PERSOHN										
DIRECTOR	1.00	Х						C	0	0
(12) DAMON SHELBY PORTER										
DIRECTOR	1.00	Х						C	0	0
(13) GWYN PRENTICE										
DIRECTOR	1.00	X						С	0	0
(14)_TERRY_BASSHAM										
DIRECTOR	1.00	X						C	0	000 (2011)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week (describe	box,	unles er and	heck ss pe d a d	erson	e than o is both tor/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
15) STEPHEN PRYOR											
DIRECTOR	1.00	X						0	0	0	
16) ANN KAUFMANN BAUM											
DIRECTOR	1.00	X						0	0	0	
17) JOHN EDGAR	1 00										
DIRECTOR	1.00	X						0	0	0	
18) ROGER OYSTER								F0 F60		15 205	
DIRECTOR	20.00	X						58,569.	0	15,305.	
19) JILL HALL	1 00									0	
DIRECTOR	1.00	X						0	0	0	
20) JAMIE MONTGOMERY HELZBERG	1 00	37							0	0	
DIRECTOR	1.00	X						0	U	0	
21) SARAH ROWLAND DIRECTOR	1.00	X						0	0	0	
22) JENIFER RICHISON	1.00	_ A						0	0		
DIRECTOR	20.00	X						53,823.	0	11,656.	
23) AMY STEPP GREIF	20.00	Λ						33,023.	0	11,050.	
DIRECTOR	1.00	X						0	0	0	
24) BARBARA TATE	1.00	21						0			
DIRECTOR BUSINESS OPERATIONS	40.00			Х				86,702.	0	15,028.	
25) FRANK BYRNE	10.00							007702.		13,020.	
EXECUTIVE DIRECTOR	50.00			Х				190,635.	0	12,467.	
	30.00							116,360.	0	27,029.	
1b Sub-total c Total from continuation sheets to Part VII, S	Section A		• •	• •	• •			469,474.	0	62,664.	
d Total (add lines 1b and 1c)							•	585,834.	0	89,693.	
2 Total number of individuals (including but not	limited to t						o re		\$100,000 of	•	
reportable compensation from the organization	n 🕨	1	L								
										Yes No	

3	Did the organization list any former 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	Х	<u> </u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THAUMUS, INC-FBO M. STERN KANSAS CITY, MO 64111	CONDUCTING SERVICES	352,500.
HARVEST PRODUCTIONS KANSAS CITY, MO 64116	SOUND AND LIGHTING	148,381.
OPUS 3 ARTIST NEW YORK, NY 10016	GUEST ARTIST FEES	226,767.
COMMUNITY COUNSELING SERVICES NEW YORK, NY 10087	ENDOWMNET COUNSELING	121,712.
BENNETT DIRECT MILWAUKEE, WI 53202	TELEFUNDING	114,727.

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 ▶ 7

	rt VII Section A. Officers, Directors, Tru	istees Ke	v Fn	nnlo	Ve	29	and F	Hia	hest Compensat	ed Emplo	VAAS (CO	ontinue		Page 8
	(A) Name and title	(B) Average hours per week (describe	(do i box, office	not ch unles	Pos neck ss pe	cition more erson lirect	than o is both or/trust	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	able ion from	Es am com	(F) timated ount of other pensation	f
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	om the anizatio I related nization	b
26)	MICHAEL STERN MUSIC DIRECTOR	20.00				Х			79,745.		0		8,2	208.
		_												
		-												
		-												
		-												
		_												
		_												
		-												
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	ection A						▶	eceived more than	\$100,000	of			
_	reportable compensation from the organization			L	<u> </u>					Ψ100,000			Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	163	Х
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0								4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio								5		Х
Se	ction B. Independent Contractors											•		
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens	ation	

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 ▶

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Form	t VIII	,		Y SYMPHONY			43-129	/4/5 Page 9
Par	t VIII	Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
fts,	С	Fundraising events	1c	1,272,786.				
ia Git	d	Related organizations	1d					
Sin	е	Government grants (contribu	ıtions) 1e	197,616.				
her	f	All other contributions, gifts, gran						
وَظَ		and similar amounts not included		6,243,658.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included Total. Add lines 1a-1f			E E14 060			
	<u>h</u>	I otal. Add lines Ta-11		Business Code	7,714,060.			
Program Service Revenue	20	TICKET SALES		711190	3,867,449.	3,867,449.		
Re	2a b			711190	1,089,340.	1,089,340.		
/ice	C	TEM CHARACE TEED		711170	1700373101	1,005,510.		
Ser	d							
Ē	e							
ogra	f	All other program service rev	enue					
<u>-</u>	g	Total. Add lines 2a-2f		▶	4,956,789.			
	3	Investment income (including	ng dividends, inter	est, and				
		other similar amounts)			3,077.			3,077.
	4	Income from investment of t			0			
	5	Royalties	(i) Pool	(ii) Doronol	0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss) Net rental income or (loss)						
	d	Net rental income of (1055)	(i) Securities	(ii) Other	0			
	7a	Gross amount from sales of assets other than inventory	171,905.	, ,				
	b	Less: cost or other basis	171,503.					
		and sales expenses	176,046.	2,966.				
	С	Gain or (loss)						
	d	Net gain or (loss)			-7,107.			-7,107.
<u>o</u>	8a	Gross income from fundra	aising					
) He		events (not including \$1	,272,786.					
ě		of contributions reported on	line 1c).					
2		See Part IV, line 18	а	479,143.				
Other Revenue	b	Less: direct expenses						
ō		Net income or (loss) from full	-	· · · · · · · · •	-279,631.			-279,631.
	9a	Gross income from gaming a						
	J	See Part IV, line 19						
	b C	Less: direct expenses Net income or (loss) from ga			0			
	10a	Gross sales of invent	•		J			
	. Ja	returns and allowances	•					
	b	Less: cost of goods sold						
		Net income or (loss) from sa			0			
		Miscellaneous Rever	nue	Business Code				
	11a	MISCELLANEOUS REVENUE		900099	25,064.			25,064.
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instruction	ons	<u> </u>	12,412,252.	4,956,789.		-258,597.

Form 990 (2011) KANSAS CITY SYMPHONY 43-1297475 Page **10**

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).

req	uired to complete columns (B), (C), and (D). Check if Schedule O contains a resp	onse to any guestion in	this Part IX		
Do	not include amounts reported on lines 6b,			(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundráising expenses
1	9	155 000	155 000		
	organizations in the United States. See Part IV, line 21	155,000.	155,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	1 000 540	704 006	204 262	
	trustees, and key employees	1,009,749.	704,886.	304,863.	
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	F 456 020	012 000	250 010
7	Other salaries and wages	6,060,122.	5,476,232.	213,080.	370,810.
8	Pension plan accruals and contributions (include section	200 067	274 501	1 - 420	0 000
_	401(k) and 403(b) employer contributions)	398,867.	374,521.	15,439.	8,907 50,966
9	Other employee benefits	923,504.	862,881.	9,657.	
10	Payroll taxes	632,295.	563,286.	35,393.	33,616.
11	Fees for services (non-employees):	0			
	Management	49,925.		40.025	
	Legal	-		49,925.	
	Accounting	48,520.		48,520.	
	Lobbying	-			114,727.
	Professional fundraising services. See Part IV, line 17	114,727.		3,088.	114,727.
	Investment management fees	492,415.	334,994.	34,085.	123,336.
g		367,201.	366,094.	34,003.	1,107
12	Advertising and promotion	570,821.	340,401.	60,217.	170,203.
13	Office expenses	0	340,401.	00,217.	170,203
14	Information technology	0			
15	Royalties	239,545.	1,364.	238,181.	
16	Occupancy	302,555.	249,866.	42,129.	10,560
17	Travel	302,333.	249,000.	12,127.	10,300
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
10		1,091.	1,091.		
19	Conferences, conventions, and meetings	7,249.	1,001.	7,249.	
20 21	Payments to affiliates	0		.,21,	
22	Depreciation, depletion, and amortization	167,390.	167,390.		
23	Insurance	74,374.	74,374.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	GUESTS ARTISTS AND CONDUCTOR	750,878.	750,878.		
	CONCERT PRODUCTION EXPENSE	749,564.	749,564.		
-	BAD DEBT EXPENSE	39,806.	39,806.		
_	DUES AND SUBSCRIPTIONS	32,752.	5,916.	25,662.	1,174
	All other expenses	222,976.	48,533.	168,980.	5,463
	Total functional expenses. Add lines 1 through 24e	13,414,414.	11,267,077.	1,256,468.	890,869
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
100	fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) if	0			

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_	rt X	Balance Sheet					Tage 11
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			724,724.	1	997,424.
	2	Savings and temporary cash investments			3,363,420.	2	3,130,639.
	3	Pledges and grants receivable, net			1,870,905.	3	1,166,446.
	4	Accounts receivable, net			292,631.	4	450,647.
	5	Receivables from current and former officers,	dired	ctors, trustees, key			
		employees, and highest compensated employe	es. C	Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of sec employees' beneficiary organizations (see instructions)	0		0		
ets	7	Notes and loans receivable, net	0110)		0	7	0
Assets	8	Inventories for sale or use			1,865.	8	2,118.
٩	9	Prepaid expenses and deferred charges			534,073.	9	343,110.
	10a	Land, buildings, and equipment: cost or	Ī				
		other basis. Complete Part VI of Schedule D	10a	1,348,456.			
	b	Less: accumulated depreciation			771,221.	10c	752,990.
	11	Investments - publicly traded securities			4,788,239.	11	4,683,285.
	12	Investments - other securities. See Part IV, line 11			0	12	0
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal			12,347,078.		11,526,659.
	17	Accounts payable and accrued expenses			1,094,653.	17	969,935.
	18	Grants payable		18	0		
	19	Deferred revenue			2,875,299.	19	3,253,331.
	20	Tax-exempt bond liabilities			0		0
Liabilities	21	Escrow or custodial account liability. Complete			0	21	0
ij	22	Payables to current and former officers,		-			
E.		employees, highest compensated employees, a			155,510.	22	132,343.
	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelate	d thir	d partice	133,310.		132,343.
	24	Unsecured notes and loans payable to unrelated to				24	0
	25	Other liabilities (including federal income tax, paya				27	
	23	parties, and other liabilities not included on lines 1					
		of Schedule D	,	•	103,460.	25	53,460.
	26	Total liabilities. Add lines 17 through 25			4,228,922.	26	4,409,069.
es		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	> [X and complete			
anc	27	Unrestricted net assets			1,235,005.	27	1,873,936.
Bala	28	Temporarily restricted net assets			2,273,944.	28	582,472.
Fund Balances	29	Permanently restricted net assets		<u></u>	4,609,207.	29	4,661,182.
or Fui		Organizations that do not follow SFAS 117, checomplete lines 30 through 34.	ck her	re ▶ and			
ţ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	ipmen	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inco		or other funds		32	
Z	33	Total net assets or fund balances			8,118,156.	33	7,117,590.
	34	Total liabilities and net assets/fund balances			12,347,078.	34	11,526,659.

Form 990 (2011) Page **12**

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				252.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	3,4	14,4	114.
3	Revenue less expenses. Subtract line 2 from line 1	3			02,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,1	18,1	L56.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			1,	596.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6				
				7,1	17,5	590.
Pa	Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			• •		
					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," ex	plair	ı ın			
_	Schedule O.			٥-		
2a			-	2a		X
b	, , , , , , , , , , , , , , , , , , , ,			2b	Х	
С			-	٥.		
	of the audit, review, or compilation of its financial statements and selection of an independent accountar		-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	хріаіі	n in			
	Schedule O.					
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar w	ere			
	issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
•						
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set	Torti		3a		37
	the Single Audit Act and OMB Circular A-133?		📙	Ja		X
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits are suited audit or audits are suited audit or audits.	_	I	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			งม		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Employer identification number Name of the organization KANSAS CITY SYMPHONY 43-1297475 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 Χ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II С Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes Νo Yes Νo Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2

Section A. Public Support Calendar year (or fiscal year beginning in) Gits, grants, contributions and memberathip less received. (On not include any unusual grants.)	Par	Support Schedule for On (Complete only if you check Part III. If the organization	ked the box o	n line 5, 7, or	8 of Part I or i	f the organizat	tion failed to qu	
Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total membershy flees received. (Do not include any "unusual grants.")	Sec					, , , , , , , , , , , , , , , , , , , ,	,	
membership fees received. (Op not include any vinusual grants.)**		• •	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. 8 Caction B. Total Support Callendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7, Amounts from line 4. 8 gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities,	1	membership fees received. (Do not						
turnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						
5 The portion of total contributions by each person (other than a government or publicly supported organization) included on the property of the amount of publicly supported organization included on the property of the amount shown on this entire of the property of the amount shown on this entire of the property of t	3	furnished by a governmental unit to the organization without charge						
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Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4	6							
Calendar year (or fiscal year beginning in) Amounts from line 4 Amounts from line 4 Calendar year (or fiscal year beginning in) Refross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Per Net income from unrelated business activities, whether or not the business is regularly carried on Total support, Add lines 7 through 10 Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support developmentage for 2011 (line 6, column (f) divided by line 11, column (f)) Total support developmentage for 2011 (line 6, c								
7 Amounts from line 4			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2010 Schedule A, Part II, line 14. 16 33/1/3% support test - 2011. 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. 16 33/1/3% support test - 2010. If the organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test - 2011. 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization under the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization under the organizatio	_	, , , , , ,					. ,	
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
loss from the sale of capital assets (Explain in Part IV.)	9	activities, whether or not the business						
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						
Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc.	(see instructions)				12	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	13							
Public support percentage from 2010 Schedule A, Part II, line 14	Sec	tion C. Computation of Public Sup	port Percenta	ige				
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Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	D			•				
supported organization								-
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		-				-	-	▶ □
instructions	18	Private foundation. If the organization						e

Schedule A (Form 990 or 990-EZ) 2011

Part II

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Buddie Communi			· · ·	•	,	
	tion A. Public Support	(a) 2007	(b) 2000	(a) 2000	(4) 2040	(a) 2011	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	8,773,096.	8,413,046.	9,060,911.	10,226,483.	7,714,060.	44,187,596.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	3,405,990.	3,313,496.	2,919,603.	3,378,809.	4,956,789.	17,974,687.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	295,510.	714,384.	659,880.	640,453.	479,143.	2,789,370.
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	12,474,596.	12,440,926.	12,640,394.	14,245,745.	13,149,992.	64,951,653.
<i>1</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3	1,416,296.	1,615,564.	1,610,694.	1,613,203.	1,918,817.	8,174,574.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.	1,416,296.	1,615,564.	1,610,694.	1,613,203.	1,918,817.	8,174,574.
8	Public support (Subtract line 7c from						
500	tion B. Total Support						56,777,079.
		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ndar year (or fiscal year beginning in)		. ,	. ,	. ,		
9 10a	Amounts from line 6	12,474,596.	12,440,926.	12,640,394.	14,245,745.	13,149,992.	64,951,653.
	payments received on securities loans,						
	rents, royalties and income from similar	05 125	10.054	F 000	0.026	2 055	100 500
h	Unrelated business taxable income (less	85,137.	18,254.	7,298.	8,936.	3,077.	122,702.
ь	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	05 127	10.254	7 200	0.036	2 077	100 700
11	Net income from unrelated business	85,137.	18,254.	7,298.	8,936.	3,077.	122,702.
• •	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	90 240	406	100 445	166 701	25 064	200 045
13	Total support. (Add lines 9, 10c, 11,	80,249.	406.	108,445.	166,781.	25,064.	380,945.
. •	and 12.)	12,639,982.	12,459,586.	12,756,137.	14,421,462.	13,178,133.	65,455,300.
14	First five years. If the Form 990 is for						
• •	organization, check this box and stop here .	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8	•		nn (f))		15	86.74%
16	Public support percentage from 2010 Sche					16	86.85%
	tion D. Computation of Investmen					1	70
17	Investment income percentage for 2011 (lii			3. column (f))		17	.19%
18	Investment income percentage for 2011 (in					18	.28%
	331/3% support tests - 2011. If the org						
. . a	17 is not more than 331/3%, check th						. \square
h	331/3% support tests - 2010. If the orga	-	-	•	•		
J	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						

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Page 4

Schedule A (Form 990 or 990-EZ) 2011

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

iristructions).						
				AT	TACHMENT 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
MISCELLANEOUS	80,249.	406.	108,445.	166,781.	25,064.	380,945.
TOTALS	80,249.	406.	108,445.	166,781.	25,064.	380,945.

Schedule B

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

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number Name of the organization 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, total 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 total 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

Part I, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number 43-1297475

Part I	Contributors	(see instructions).	. Use duplicate co	pies of Part I if a	dditional space is needed.
--------	---------------------	---------------------	--------------------	---------------------	----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$866,841.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$928,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$340,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.		Total contributions \$155,250.	
	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II if there is
4 (a)	Name, address, and ZIP + 4	\$155,250.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
⁴ (a)	Name, address, and ZIP + 4	\$155,250. (c) Total contributions	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

Employer identification number 43-1297475

Part I	Contributors	(see instructions).	. Use duplicate co	pies of Part I if a	dditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$230,800.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$245,058.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$200,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _		\$155,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
_ 10 (a) No.	(b) Name, address, and ZIP + 4	\$155,000. (c) Total contributions	Payroll Noncash (Complete Part II if there is
(a)	(b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number

43-1297475

Part II	Noncash Prop	erty (see	e instructions	Use du	plicate co	nies of Pa	art II if add	litional space	e is needed
	i tolloacii i i op	, (00)		,. Ooo aa	piloato co	P100 01 1 C		iilioriai opaol	, io riocaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	STOCK		
		 \$245,058.	05/30/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer	identification	numbe
	43-129	7475

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the year.	ear. Complete colur	nns (a) through (e) and the following line entry.			
	For organizations completing Part III, e contributions of \$1,000 or less for the	e year. (Enter this inf	formation once. Se	charitable, etc., ee instructions.) \$\blacktriangle \$ \\ \]			
	Use duplicate copies of Part III if addition	onal space is neede	d.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	.						
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	-		-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transt	sfer of gift				
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2011

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ne of the organization			Employer Identification number
	NSAS CITY SYMPHONY			43-1297475
Pa	organizations Maintaining organization answered "Ye	g Donor Advised Funds or Othe es" to Form 990, Part IV, line 6.	r Similar Funds o	Accounts. Complete if the
		(a) Donor adv	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during ye			
3	Aggregate grants from (during year).			
4	Aggregate value at end of year			
5	Did the organization inform all donor		at the assets held in	donor advised
	funds are the organization's property			
6	Did the organization inform all grante			
	only for charitable purposes and not	for the benefit of the donor or dono	or advisor, or for any	other purpose
	conferring impermissible private bene	efit?		Yes No
Pa	art Conservation Easements.	Complete if the organization an	swered "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easemer	nts held by the organization (check a	ll that apply).	
	Preservation of land for public u	use (e.g., recreation or education)	Preservation of	of an historically important land area
	Protection of natural habitat	,	Preservation of	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the o	organization held a qualified conser-	vation contribution ir	the form of a conservation
	easement on the last day of the tax ye	ear.		
				Held at the End of the Tax Year
а	Total number of conservation easeme	ents		2a
b	Total acreage restricted by conserva-	tion easements		2b
С	Number of conservation easements	on a certified historic structure inclu	ided in (a)	2c
d	Number of conservation easements	included in (c) acquired after 8/17/0	06, and not on a	
	historic structure listed in the Nationa	al Register		2d
3	Number of conservation easements	modified, transferred, released, ext	tinguished, or termin	ated by the organization during the
	tax year ▶	-		
4	Number of states where property sul	oject to conservation easement is lo-	cated ►	
5	Does the organization have a written		- '	-
	violations, and enforcement of the co			
6	Staff and volunteer hours devoted to	monitoring, inspecting, and enforci	ing conservation eas	sements during the year
	>			
7	Amount of expenses incurred in mon	itoring, inspecting, and enforcing co	onservation easeme	nts during the year
	> \$			
8	Does each conservation easement r			
_	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization	•		•
	balance sheet, and include, if applica		organization's financ	ial statements that describes the
Dο	organization's accounting for conservant III Organizations Maintaining	Collections of Art, Historical T	reactives or Othe	r Similar Assats
ıa		on answered "Yes" to Form 990,		Jillia Assets.
1a	works of art. historical treasures.	nted under SFAS 116 (ASC 958), or other similar assets held for pu	not to report in its ublic exhibition, edu	revenue statement and balance sheet ication, or research in furtherance of
	public service, provide, in Part XIV, th	e text of the footnote to its financial	I statements that des	scribes these items.
b				evenue statement and balance sheet
			ublic exhibition, edu	cation, or research in furtherance of
	public service, provide the following a			▶ ¢
	(ii) Assets included in Form 990, Par			\\$
2	* *			
2	_			assets for financial gain, provide the
•	following amounts required to be rep		-	
a b				► \$

Schedule D (Form 990) 2011 Page 2

Par	t III Organizations Maintainin	g Collections of	Art, Histor	ical Tre	asures	s, or	Other	Similar Asse	ts (co	ntinue	d)	
3	Using the organization's acquisition collection items (check all that apply)		ther record	ds, check	any o	f the	follow	ring that are a	signifi	cant u	se o	f its
а	Public exhibition		d	Loa	n or exc	chang	ge prog	rams				
b	Scholarly research		е 🗀	Oth	er							
С	Preservation for future gene	erations		J								
4	Provide a description of the organization		and explai	in how t	hev fur	ther	the ord	ganization's exe	empt r	ourpose	e in	Part
-	XIV.				,			,				
5	During the year, did the organization	solicit or receive d	onations of	art histo	orical tre	easur	es or o	other similar				
Ū	assets to be sold to raise funds rathe								_	Yes		No
Dor											_	INO
Par	Escrow and Custodial Arr line 9, or reported an amo				IIZaliOH	ans	wereu	Tes to Form		raiti	v ,	
1 2	Is the organization an agent, trustee,	custodian or other	intermedia	ry for co	ntributio	ane o	r other	accete not				
ıu	included on Form 990, Part X?			-						Yes	X	No
h	If "Yes," explain the arrangement in F								•	163	Λ	INO
D	ii res, explain the arrangement in r	an Aiv and compi	ete the folic	wing tak	ne.			Λ	4			
	De alesta a halana				-	_		Amou	nı			
C	Beginning balance											
d	Additions during the year				-	1d						
е	Distributions during the year				-	1e						
f	Ending balance										_	
	Did the organization include an amo		Part X, line 2	21?						Yes	X	No
	If "Yes," explain the arrangement in F											
Par	t V Endowment Funds. Comp	olete if the organ	ization ans	swered '	'Yes" to	o Foi	rm 990	O, Part IV, line	10.			
		(a) Current year	(b) Prior		(c) Two			(d) Three years b		e) Four y	ears l	back
1 a		4,788,240.	3,292	2,202.	2,9	909,	540.	3,770,09	99.			
b	Contributions	70,205.	1,020	,000.	1	L94,	464.	31,15	50.			
С	Net investment earnings, gains,											
	and losses	9,124.	638	3,925.	3	337,	979.	-696,64	12.			
d	Grants or scholarships											
е	Other expenditures for facilities .											
	and programs	171,905.	155	5,536.	1	L42,	517.	186,77	71.			
f	Administrative expenses	12,377.		7,351.		7,	264.	8,29				
g	End of year balance	4,683,287.		3,240.	3.2		202.	2,909,54				
2	Provide the estimated percentage of											
а	Board designated or quasi-endowme	•		(0010	(Δ)) .		•				
b	Permanent endowment ► 99.52		- '0									
C	Temporarily restricted endowment											
	The percentages in lines 2a, 2b, and)n%									
32	Are there endowment funds not in the			tion that	ara bala	d and	Ladmin	sistered for the				
ou	organization by:	ie possession or th	e organizat	lion mat	are ner	J allu	aumin	iistered for the		T.	'es	No
	= -								ſ		_	NO
	(i) unrelated organizations										X	
L	(ii) related organizations									3a(ii)		X
	If "Yes" to 3a(ii), are the related orga		•						• •	3b		
4	Describe in Part XIV the intended us											
Par		pment. See Form	n 990, Par									
	Description of property	(a) Cost or (invest		(b) Cost o	or other bas ther)	sis		cumulated eciation	(d) I	Book valu	ie	
1 a	Land											
b	Buildings					T						
С	Leasehold improvements				278,87	73.		55,045.		22	3,8	28.
d	Equipment			1,0	69,58	33.	5	40,421.		52	9,1	62.
е	Other											
Tota	II. Add lines 1a through 1e. (Column (990. Part >	K, columr	(B). lin	e 10((c).).			75	2,9	90.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page 3

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, Iin	ne 12.	<u> </u>
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financi	al derivatives			
	-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u>				
<u>(H)</u>				
(l)	(1) 15 000 B 17 1 (D) (1			
Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. See F	orm 000 Port V lin	20.12	
rait VIII	(a) Description of investment type	(b) Book value	(c) Method of value	ation:
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	
Part X 1.	Other Liabilities. See Form 990, Part X (a) Description of liability	(b) Book valu	10	
	ral income taxes	(b) Dook vaid	J.E	
	ULTING OBLIGATION	53.	460.	
(3)		337	100.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 53,	460.	

2. FIN 48 (ASC 740) 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 (ASC 740).

JSA 1E1270 1.000 KANSAS CITY SYMPHONY 43-1297475

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 Investment expenses 6 6 7 Prior period adjustments Other (Describe in Part XIV.) 8 8 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities 2b c Recoveries of prior year grants Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities **b** Prior year adjustments 2b **d** Other (Describe in Part XIV.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. 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.

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2011

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number KANSAS CITY SYMPHONY 43-1297475 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Solicitation of non-government grants Mail solicitations а Χ Х Internet and email solicitations Solicitation of government grants Χ X Special fundraising events Phone solicitations C In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 TELE-BENNETT DIRECT FUNDRAISING Χ 232,706 114,727 117,979. 2 3 6 8 9 10 232,706. Total 114,727 117,979. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA

Schedule G (Form 990 or 990-EZ) 2011

Page 2 Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipts greater than \$5,00	00.			
			(a) Event #1 JEWEL BALL	(b) Event #2 SYMPHONY	(c) Other Events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue		Gross receipts Less: Charitable	744,028.	728,204.	279,697.	1,751,929
ш	2	contributions	425,065.	647,142.	200,579.	1,272,786
	3	Gross income (line 1 minus line 2)		81,062.	79,118.	479,143
	4	Cash prizes				
	5	Noncash prizes	1,440.		0	1,440
sesu	6	Rent/facility costs	141,922.		0	141,922
t Expenses	7	Food and beverages	4,419.	51,590.	14,606.	70,615
Direct	8	Entertainment	83,285.	55,381.	0	138,666
	9	Other direct expenses	187,892.	63,584.	154,655.	406,131
	10	Direct expense summary. Add lines 4	1 through 9 in column (d)	1	•	(758,774.)
	11	Net income summary. Combine line 3	3, column (d), and line 1	0		-279,631
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" to Form 990, Par	t IV, line 19, or repo	rted more
- en		\$ 10,000 0 1 0 000 =	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) timough coi. (c))
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			()
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7		
	ls		gaming activities in each	of these states?		Yes No
		/ere any of the organization's gaming I "Yes," explain:		nded or terminated durir	ng the tax year?	• — —
	-					

KANSAS CITY SYMPHONY

Sched	ule G (Form 990 or 990-EZ) 2011 Page 3
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	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
_	revenue?
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 ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
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?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public

Inspection

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.

Employer identification number Name of the organization KANSAS CITY SYMPHONY 43-1297475 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash (a) Name and address of organization (b) EIN (c) IRC section (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, other) or government if applicable non-cash assistance or assistance cash assistance (1) THE NELSON ATKINS MUSEUM OF ART 4525 OAK STREET KANSAS CITY, MO 64111 44-0558499 b01(C)(3) 155,000. CASH SUPPORT OPERATIONS (10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2011) KANSAS CITY SYMPHONY 43-1297475

Schedule I (Form 990) (2011)

Part III	Grants and Other Assistance to Individuals in the United States.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	2.
	Part III can be duplicated if additional space is needed.		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
_ 5					
_ 6					
7					

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

PROCEDURES FOR MONITORING THE USE OF GRANTS PAID

SCHEDULE I, PART I, LINE 2

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

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

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

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

ORGANIZATIONS EQUALLY.

SCHEDULE J (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

KANSAS CITY SYMPHONY

Employer identification number

43-1297475

Part	Questions Regarding Compensation			
			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 X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the bayes on line to are checked did the organization follow a written nation regarding normant			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	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:			
•	organization or a related organization: Pagoing a soverance payment or change of control payment?	4a		X
a b	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
C	Participate in, or receive payment from, a supplemental horiqualined retirement plan: Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		21
	The real to any of miles at a, not the persons and provide the applicable amounts for each from in rait in.			
	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		Х
	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		X
	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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

KANSAS CITY SYMPHONY 43-1297475

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
	(i)	190,377.	(258.	5,711.	6,756.	203,102.	0	
1 FRANK BYRNE	(ii)	O	(0	Q	0	O	0	
	(i)								
_2	(ii)								
	(i)	L	L					L	
_3	(ii)								
	(i)								
_4	(ii)								
	(i)								
_5	(ii)								
	(i)								
_6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)			ļ 					
9	(ii)								
	(i)			ļ 					
10	(ii)								
	(i)			ļ 					
11	(ii)								
	(i)			ļ 					
12	(ii)								
	(i)			ļ 					
13	(ii)								
	(i)		L	ļ					
14	(ii)								
	(i)	L	L	ļ					
15	(ii)								
	(i)			ļ					
16	(ii)							1.1.1/5 200) 2014	

KANSAS CITY SYMPHONY 43-1297475

Schedule J (Form 990) 2011

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OTHER COMPENSATION

SCHEDULE J, PART II & FORM 990, PART VII, SECTION A

MR. STERN RECEIVED A HOUSING ALLOWANCE. MR. BYRNE RECIEVED A GROSSED UP

PAYMENT. THESE AMOUNTS WERE INCLUDED IN THE INDIVIDUALS' 1099 OR W-2 AS

TAXABLE COMPENSATION.

SCHEDULE L (Form 990 or 990-EZ)

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.

Omb No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection | Employer identification number

KANSAS CITY SYMPHONY 43-1297475 Part I Excess Benefit Transactions (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 No (1) (2) (3)(4)(5) (6)2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II 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? committee? То From Yes Nο Yes Nο Yes Νo 177,550. 132,343. X Χ (1) X X SHIRLEY HELZBERG FURN. & IMPROVEMENTS (2)(3) (4)(5)(6)(7) (8) (9)(10)132,343. Total Part III **Grants or Assistance Benefiting 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 (1) (2)

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

Schedule L (Form 990 or 990-EZ) 2011

(3) (4) (5) (6) (7) (8) (9) (10) Schedule L (Form 990 or 990-EZ) 2011 Page **2**

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 interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues	
				Yes	No
(1) SEE SCHEDULE L, PART V					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS INVOLVING 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) \$218,852

PROPERTIES, LLC.

- (D) THE KANSAS CITY SYMPHONY LEASES OFFICE SPACE FROM SOBEL
- (E) NO
- (A) THAUMUS, INC.
- (B) MICHAEL STERN IS THE OWNER OF THAUMUS, INC. AND IS THE MUSIC DIRECTOR

FOR KANSAS CITY SYMPHONY.

- (C) \$352,500
- (D) THAUMUS, INC. PROVIDES CONDUCTING SERVICES FOR KANSAS
 CITY SYMPHONY.
- (E) NO

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 **Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization KANSAS CITY SYMPHONY 43-1297475 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6								
7	Boats and planes							
8 9	Intellectual property Securities - Publicly traded	X	11.	277,707.	SELLING E	DR T C'E	7.	
10	Securities - Publicly traded Securities - Closely held stock	71	11.	211,101.	SEDDING 1	ICICI		
11	Securities - Closely field stock Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	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 ►(MISCELLANEOUS)	X	15.	225,840.	FMV			
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
	5				4 00 11 1		Yes	No
30 a	During the year, did the organizat							
	it must hold for at least three yea							
	used for exempt purposes for the e	ntire noiding	perioa?			30a		X
	If "Yes," describe the arrangement i		ones nelles that are tra-	a the western of any	on otomilani			
31	Does the organization have a	•	, ,			0.4	3.7	
22-	contributions?		on or related arresting	o to policit process	all paracet	31	X	
s∠a	Does the organization hire or use	•	•	•		20-		37
h	contributions? If "Yes," describe in Part II.					32a		X
	If the organization did not report ar	amount in	column (c) for a type of pro	nerty for which column (a)) is chacked			
	describe in Part II.	i dillodili ili	oolamii (o) for a type of pro	porty for willou column (a	, io officered,			

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

Schedule M (Form 990) (2011)

KANSAS CITY SYMPHONY 43-1297475

Schedule M (Form 990) (2011) 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.

NONCASH CONTRIBUTIONS - COL. B

SCHEDULE M, PART I, COLUMN B

THE AMOUNTS IN THIS COLUMN REPRESENTS THE NUMBE OF CONTRIBUTIONS DURING

THE YEAR.

JSA Schedule M (Form 990) (2011)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

43-1297475

Name of the organization

KANSAS CITY SYMPHONY

ORGANIZATION'S MISSION STATEMENT

FORM 990, PART III, LINE 1

GREAT PERFORMANCES FOR GREATER AUDIENCES.

THE KANSAS CITY SYMPHONY WILL ACHIEVE THIS MISSION BY:

- DEVELOPING AN UNCOMPROMISING PERFORMANCE STANDARD.
- ADVANCING THE PROFILE AND VALUE OF THE ORCHESTRA LOCALLY, NATIONALLY AND INTERNATIONALLY.
- DEVELOPING THE FINANCIAL RESOURCES TO ALLOW THE ORCHESTRA TO THRIVE TODAY AND TOMORROW.
- CREATING AN INTERNAL CULTURE THAT STIMULATES EFFECTIVE RELATIONSHIPS
 WITHIN AND BETWEEN BOARD, STAFF AND MUSICIANS.
- DEVELOPING AUDIENCES AND PARTNERSHIPS THAT ALLOW THE ORCHESTRA TO THRIVE TODAY AND TOMORROW.

PROGRAM SERVICES ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

THE SYMPHONY PERFORMED 53 CLASSICAL, POPS, AND FAMILY CONCERTS FOR MORE
THAT 84,000 PEOPLE IN ITS NEW PERFORMANCE SPACE IN THE KAUFFMAN CENTER
FOR THE PERFORMING ARTS. AN ADDITIONAL 105 PERFORMANCES TOOK PLACE THAT
INCLUDED THE FOLLOWING:

- 21 PERFORMANCES FOR MORE THAN 26,000 SCHOOL AGED CHILDREN K-12.
- 60 PERFORMANCES IN SUPPORT OF THE PROGRAMS OF LYRIC OPERA OF KANSAS CITY AND THE KANSAS CITY BALLET.

- 3 PERFORMANCES IN SUPPORT OF SYMPHONY IN THE FLINT HILLS, THE MISSION PROJECT, AND KANSAS YOUNG AUDIENCE, OTHER NONPROFIT ORGANIZATIONS IN THE REGION.
- 8 PERFORMANCES OF THE MESSIAH AND CHRISTMAS FESTIVAL, A POPS BASED HOLIDAY PROGRAM.
- 2 FREE PERFORMANCES ON LABOR DAY AND MEMORIAL DAY WEEKENDS WHICH WERE ATTENDED BY OVER 50,000 PEOPLE.

AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12 & PART XII, LINE 2B THE KANSAS CITY SYMPHONY HAD A FINANCIAL AUDIT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING STANDARDS (GAAS). HOWEVER, THE AUDITED FINANCIAL STATEMENTS ISSUED HAS RECEIVED A QUALIFIED OPINION, BECAUSE IT DOES NOT COMPLY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP). THIS QUALIFICATION IS A RESULT OF THE EXCLUSION OF ITS BENEFICIAL INTEREST IN NET ASSETS HELD BY A THIRD PARTY FOUNDATION. 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, 2012 AND 2011, AND THE CHANGES IN NET ASSETS AND ITS CASH FLOWS FOR THE YEARS THEN ENDED IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

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

FORM 990 REVIEW PROCESS

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

EXECUTIVE DIRECTOR PRIOR TO THE MEETING.

THE ORGANIZATION'S FINANCE DIRECTOR AND ACCOUNTING MANAGER GATHER THE INFORMATION WHICH IS SENT TO AN INDEPENDENT ACCOUNTING FIRM FOR PREPARATION AND REVIEW OF THE RETURN. THE RETURN IS THEN REVIEWED BY THE FINANCE DIRECTOR, THE EXECUTIVE DIRECTOR AND THE BOARD TREASURER. ANY QUESTIONS OR CONCERNS OF THESE REVIEWERS ARE ADDRESSED WITH THE INDEPENDENT ACCOUNTING FIRM. ANY CHANGES OR CLARIFICATIONS THAT NEED TO BE INCORPORATED INTO THE RETURN ARE MADE. ONCE THESE CHANGES ARE INCORPORATED, THE 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE AND ANY

CHANGES OR 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.
- A. THE CHAIRPERSON OF THE BOARD SHALL, IF APPROPRIATE, APPOINT A
 DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

43-1297475

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 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,

Employer identification number

43-1297475

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
IN 2011-12, THE ANNUAL SALARY INCREASE RECEIVED BY THE EXECUTIVE DIRECTOR
WAS THE SAME AS THE REMAINING STAFF, HOWEVER A YEAR-END PERFORMANCE
BONUS WAS MADE IN EXCESS OF THAT RECEIVED BY THE REST OF THE STAFF.

THE EXECUTIVE DIRECTOR'S TOTAL COMPENSATION PACKAGE HAS BEEN REVIEWED BY
THE EXECUTIVE COMMITTEE AND THAT REVIEW HAS INCLUDED SALARY DATA

COLLECTED BY THE LEAGUE OF AMERICAN ORCHESTRAS FOR A BENCHMARK. 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 THE EXECUTIVE DIRECTOR

RECEIVED A 2.5% INCREASE AND A PERFORMANCE BONUS OF \$11,000.

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.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

ENDOWMENT APPRECIATION

\$ 1,597

Form 990-T	Exemi	nt Organization Business Ir	com	e Tax Return (and	d nrovy tay under sectio	n 6033(a))	OMB N	0. 1545-0687
Form 330-1	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2011 or other tax year beginning07/01 , 2011, and)11	
Department of the Treasury Internal Revenue Service		ending 06/30, 20 1			parate instructions.	•	Open to Pu 501(c)(3) O	blic Inspection for Organizations Only
A Check box if address changed		Name of organization (Check b	ox if na	me changed and see in	structions.)			ation number
B Exempt under section	1	KANSAS CITY SYMPHON	v					
X 501(C)(3)	Print	Number, street, and room or suite no.		. box. see instructions.		43-1	297475	
408(e) 220(e)	or			,				ss activity codes
408A 530(a)	Type	1703 WYANDOTTE STRE	ET			(See in	nstructions.)	
529(a)		City or town, state, and ZIP code						
C Book value of all assets		KANSAS CITY, MO 641	8 0					
at end of year	F Gro	up exemption number (See instruct	ions.)	>				
11,526,659.	G Che	ck organization type 🕨 X 501	(c) co		501(c) trust	401(a)	trust	Other trust
		rimary unrelated business activity.			CHMENT 1			
-		corporation a subsidiary in an affil	_		sidiary controlled group	?	▶ ∟	Yes X No
		identifying number of the parent co	rporati			216 016	0.0610	
J The books are in care					elephone number > {			(C) Not
		or Business Income		(A) Income	(B) Expe	nses		(C) Net
1a Gross receipts orb Less returns and allowa		c Balance ▶	1 c					
		ule A, line 7)	2					
-	•	2 from line 1c	3					
·		ttach Schedule D)	4a					
		Part II, line 17) (attach Form 4797)	4b					
c Capital loss dedu	ction for t	rusts	4 c					
5 Income (loss) from	partnership	os and S corporations (attach statement)	5					
6 Rent income (Sch	nedule C)		6					
7 Unrelated debt-fi	nanced in	come (Schedule E)	7					
	-	es, and rents from controlled						
			8					
		ection 501(c)(7), (9), or (17)						
			9				+	
		ncome (Schedule I)	10				+	
		lule J) tions; attach schedule.)	11				+	
,		ough 12	13					
		Taken Elsewhere (See inst		ns for limitation	s on deductions.)	Except f	 for contrib	outions.
		be directly connected with				(Litoopi i		rationio,
		directors, and trustees (Schedule K			<u> </u>	14	T	
16 Repairs and main	itenance					16		
17 Bad debts						17		
		See instructions for limitation rules.)		1	1	20		
		4562)						
		on Schedule A and elsewhere on r						
		compensation plans						
		Schedule I)						
		chedule J)						
		chedule)						
		s 14 through 28						
30 Unrelated busine	ss taxabl	e income before net operating los	s dedu	ction. Subtract line 2	9 from line 13	30		
		on (limited to the amount on line 3						
		e income before specific deduction						
		ally \$1,000, but see line 33 instruc				33		
		le income. Subtract line 33 from li		-				-
enter the smaller	of zero o	r line 32				34	1	0

enter the smaller of zero or line 32 JSA For Paperwork Reduction Act Notice, see instructions.

52489

Form 990-T (2011) KANSAS CITY SYMPHONY 43-1297475 Page **2**

Par	t III	Tax Computation	i									<u> </u>
35		ations Taxable as C		instructions	for	tax computa	tion. Controlled gr	roup				
	member	s (sections 1561 and 15	563) check here	See inst	tructi	ons and:	_	.				
а	Enter y	our share of the \$50,0	000, \$25,000, and \$	89,925,000 t	axabl	e income brack	ets (in that order):					
	(1) \$ (2) \$ (3) \$											
b	Enter or	ganization's share of: (1)	Additional 5% tax (no	t more than \$	11,7	50)	\$					
	(2) Addi	tional 3% tax (not more t	than \$100,000)				\$					
С	Income	tax on the amount on line	e 34					▶	35c			
36	Trusts	Taxable at Trust					on. Income tax					
	the amo	ount on line 34 from:	Tax rate schedule o	or 🔲 So	chedu	ule D (Form 1041)	. ▶	36			
37	Proxy ta	ax. See instructions							37			
38	Alternat	ive minimum tax						[38			
39	Total. A	dd lines 37 and 38 to line	e 35c or 36, whicheve	er applies	<u></u>				39			
Par	t IV	Tax and Payment	ts									
	_	tax credit (corporations a					a					
		redits (see instructions)					b					
		business credit. Attach F					c					
		or prior year minimum tax										
е	Total cr	edits. Add lines 40a throu	ugh 40d						40e			
41	Subtrac	t line 40e from line 39							41			
42	Other tax	kes. Check if from: Form	m 4255 Form 8611	1 Form 8	3697	Form 8866	Other (attach sche	dule)	42			
43	Total ta	x. Add lines 41 and 42							43			0
		its: A 2010 overpayment					a					
b	2011 es	timated tax payments				44	b					
	•					I .	c					
	-	organizations: Tax paid	•									
		withholding (see instructi										
		or small employer health					.f					
g		redits and payments:	Form 2	439								
		orm 4136				Total ▶44						
	-	ayments. Add lines 44a th							45			
46		ed tax penalty (see instru							46			
		. If line 45 is less than th		•				I	47			—
48 49		yment. If line 45 is larger amount of line 48 you want:			enter	amount overpaid	Refunde		48			
Pari		Statements Rega			and	Other Inform						
		ime during the 2011 cale					·			inancial	Yes	No
	•	(bank, securities, or other	•	•			· ·	•			103	110
		d Financial Accounts. If Y			-	•		,		3		Х
		he tax year, did the orga		-			of, or transferor to, a	a foreig	n trust?			X
		ee instructions for other f				· ·		•				
3	Enter th	e amount of tax-exempt	interest received or a	ccrued during	the ta	ax year ▶\$						
		A - Cost of Goods										
1	Invento	ry at beginning of year .	1		6	Inventory at end	d of year		6			
2	Purchas	es [2		7		ds sold. Subtract	- 1				
		labor	3			6 from line	5. Enter here and	l in				
4 a	Addition	al section 263A costs				Part I, line 2		[7			
	(attach	schedule)	4a		8	Do the rules	of section 263	A (wi	th resp	ect to	Yes	No
b	Other c	osts (attach schedule)	4b			property prod	uced or acquired	for	resale)	apply		
5		dd lines 1 through 4b .	5				ion?					X
·	correc	penalties of perjury, I declare t, and complete. Declaration of pro	that I have examined this	return, including	accoi	mpanying schedules a	and statements, and to the	best of	my know	ledge and b	elief, it	is true,
Sigr)	s, and complete. Declaration of ph	oparor (outer than taxpayer)	sacca on an illi	Jimall	or which preparel fi	ao any anomicage.	Ma	y the IR	S discuss	this r	eturn
Here								wit	h the p	reparer sh		
	Sign	ature of officer		Date		Title		(see	instruction	7 22	s	No
Paid		Print/Type preparer's name	;	Preparer's sig	gnatur	е	Date	Check	if	PTIN		
Prep		MICHAEL J. ENGI						self-er	nployed	P004		
	Only	Firm's name ▶ BKD,						Firm's		44-016		
	,	Firm's address ▶ 1201		E 1700				Phone	no.	816 22		
		KANSA	AS CITY, MO	64106-22	46					Form 9	90-T ((2011)

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Schedule C - Rent Income (see instructions)	e (From Real Pro	perty a	and Personal Prope	erty	Leased Wi	th Real Prope	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	d or accru	ued					
(a) From personal property (if the for personal property is more the more than 50%)		percen	From real and personal pro tage of rent for personal pro or if the rent is based on pro	perty	exceeds			nected with the income) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of chere and on page 1, Part I, line 6 Schedule E - Unrelated D	olumns 2(a) and 2(b).	Enter	on instructions)			(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	
Schedule L - Officialed D	ebt-i ilialicea ilic	Offic (S	,		3. Dedu	ictions directly con	nected with	or allocable to
1. Description of de	bt-financed property		2. Gross income from allocable to debt-finance property		(a) Straight	debt-finance line depreciation schedule)	(b)	Other deductions (attach schedule)
(4)					(attaon	3cricadic)		attaon soneaute)
(1)								
(2)								
(3)								
(4)	Γ							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjuste of or allocable debt-financed pro (attach schedu	to perty	6. Column 4 divided by column 5			ome reportable (column 6 x total c		llocable deductions n 6 x total of columns 3(a) and 3(b))
<u>(1)</u>				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received deduct	ione included in colu	mn 8		•	Part I, line	and on page 1, 7, column (A).	Enter h Part I,	ere and on page 1, line 7, column (B).
Schedule F - Interest, An							uctions)	
Schedule F - Interest, Am	Turnes, Royannes		empt Controlled Or			ons (see instit	ictions)	
Name of controlled organization	2. Employer identification numb		3. Net unrelated income (loss) (see instructions)	4. To	otal of specified ayments made	5. Part of column included in the corganization's gro	controlling	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organ	nizations					1		
7. Taxable Income	8. Net unrelated i		9. Total of specific payments made	ed	include	t of column 9 that is ed in the controlling ation's gross income	cor	1. Deductions directly nected with income in column 10
(1)					Organiza	ation 5 gross income		00.0 10
(2)								
(3)								
•							- 	
(4)					Enter h	columns 5 and 10. nere and on page 1, , line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, irt I, line 8, column (B).
Totals				<u>)</u>	<u> </u>			000 T

Form **990-T** (2011)

Schedule G - Investment In	come of a Sec	ction 501(c)(7		nization (see inst	ructions)	
1. Description of income	2. Amount of	f income	 Deductions directly connected (attach schedule) 	connected (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			'		Enter here and on page 1 Part I, line 9, column (B).
Totals ▶						
Schedule I - Exploited Exe	mnt Activity In	come Other T	Than Advertising In	come (soo instru	ctions)	<u> </u>
Ochedule 1 - Exploited Exc	The Activity in	Come, Other 1	4. Net income	Come (see mstru		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	(loss) from unrelated trade or business (column 2 minus column 3). If a gain,	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and or page 1, Part I, line 10, col. (B).	n			Enter here and on page 1, Part II, line 26.
Totals						
Schedule J - Advertising In						
Part I Income From Per	iodicals Report	ted on a Cons	olidated Basis		1	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(4)						
Totale (corry to Dort II line (5))						
Part II Income From Pe 2 through 7 on a I	riodicals Repo		parate Basis (For	each periodical	listed in Par	t II, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4) (5) T + 1 + 6 + D + 1						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and or page 1, Part I line 11, col. (B).	1			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	11, 001. (11).	11, 301. (B).				. 411 11, 11110 27.
Schedule K - Compensatio	n of Officers C	Directors and	Trustees (see instru	ictions)		
1. Name	11 01 01110c13, <u>L</u>	, and	2. Title	3. Percent of time devoted to business	_ 4.Comp	ensation attributable to prelated business
(1) ATCH 2				230000	%	
(2)					%	
(3)					%	
(4)						
Total. Enter here and on page 1, P	art II line 14				% . ▶	
i otal. Litter fiere and on page 1, P	arrii, iiile 14	<u> </u>				Farm 000-T (2044)

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

ATTACHMENT 2

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
SHIRLEY B. HELZBERG 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR/PRESIDENT	0	0
ROBERT A. KIPP 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR/VICE PRESIDENT	0	0
MICHAEL D. FIELDS 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR/VICE PRESIDENT	0	0
WILLIAM M. LYONS 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR/VICE PRESIDENT	0	0
JOSHUA SOSLAND 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR/VICE PRESIDENT	0	0
WILLIAM B. TAYLOR 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR/SECRETARY/TREASURER	0	0
CHRISTOPHER MCLAURIN 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
BRIAN ROOD 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0

ATTACHMENT 2 (CONT'D)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JOAN HORAN 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
PETER S. LEVI 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
PATRICK A. PERSOHN 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
DAMON SHELBY PORTER 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
GWYN PRENTICE 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
TERRY BASSHAM 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
STEPHEN PRYOR 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
BARBARA TATE 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR BUSINESS OPERATIONS	0	0

ATTACHMENT 2 (CONT'D)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
FRANK BYRNE 1020 CENTRAL 300 KANSAS CITY, MO 64105	EXECUTIVE DIRECTOR	0	0
ANN KAUFMANN BAUM 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
JOHN EDGAR 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
ROGER OYSTER 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
JILL HALL 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
JAMIE MONTGOMERY HELZBERG 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
SARAH ROWLAND 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0
JENIFER RICHISON 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0

ATTACHMENT 2 (CONT'D)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MICHAEL STERN 1703 WYANDOTTE STREET STE 200 KANSAS CITY, MO 64108	MUSIC DIRECTOR	0	0
AMY STEPP GREIF 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64105	DIRECTOR	0	0
TOTAL COMPENSATION			0