Form	9	9	0
Departm	nent o	f the	Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

6 Δ 12 **Open to Public**

OMB No. 1545-0047

Inter	nal Reve	nue Serv	/ice		Information a	about Form 99					form	990.		Inspectio	on
AF	or th	e 201	4 cale	ndar year, or ta	ix year begi	nning	07	/01, 2014	, and e	nding	_		06/	′30 ,20 ₁₅	
-			C Nam	e of organization							D	Employer ide	entifica	tion number	
Bc	heck if ap	plicable:	KAI	NSAS CITY S	YMPHONY						1				
	Addre		Doing	g Business As							1	43-1297	475		
	-	change	Num	ber and street (or P	.O. box if mail is	not delivered to	street addre	ss)	Room/s	uite	E Telephone number				
	Initial	return	17	03 WYANDOTT	'E STREET	, STE 200	C				(8	316) 47	1-11	LOO	
	Termi	nated	City	or town, state or pro	ovince, country,	and ZIP or foreig	n postal cod	е							
	Amen	ded	KAI	NSAS CITY,	MO 64108						G	Gross receip	ts \$	19,639,	839.
	Applic	ation		e and address of pri		FRANK	BYRNE				H(a) Is this a grou			X No
	pendi	ng	17	03 WYANDOTT	E STREET			AS CITY.	MO 6	4108	Н(р	subordinates Are all subord			No
1	Tax-ex	empt st		X 501(c)(3)	501(c) () (inse		4947(a)(1)		527	1	,		(see instructions)	
				KCSYMPHONY.)				521) Group exem			
				X Corporation	Trust	Association	Other	•		ear of forma				of legal domicile:	MO
	art I		mmary		Tust	Association	Other		15.		ation.	1903	State 0	i legal domicile.	140
				be the organization	anto mission d	n moot oignifio	ont ontivitie		TRION		- V	ANCAC			
0	'			APHONY IS T		-									
nce				THE POWER											
Governance	2														
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	3			oting members of									3		18.
es	4			dependent voting									4		
Activities &	5			of individuals em									5		328.
Acti	6			of volunteers (es		,, , , , , , , , , , , , , , , , , , , ,							6		500.
1	10			ed business reven									7a		0
	d	Net ur	nrelated	d business taxable	e income from	Form 990-1, II	ne 34 🔒					rior Year	7b	Current Ye	0
		- · ·											1		
an		Contri	ibutions	and grants (Part	VIII, line 1h)			- COP	Y FOR			,737,24		9,460	
Revenue	9	Progra	am serv	vice revenue (Part	VIII, line 2g)				NSPECT			,025,36		5,798	
Re		invest	inent ii	icome (Part VIII, C	Column (A), im	es 5, 4, anu 7u	v				2	,122,95		1,697	
			other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						-64,176.			30,927			
											26	,821,37		16,987	
	13			imilar amounts pa							200,000.			285	<u>,000</u> .
	14		enefits paid to or for members (Part IX, column (A), line 4)						0	E 0 7 0 0		10 500	0		
ses	15		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)						9,527,269.			10,566			
Expenses	16a	Profes	ssional	fundraising fees (I	Part IX, columi	n (A), line 11e)		0.50 01.7		••		152,51	3.	136	,408.
Ä	b			sing expenses (Pa								070.00	6	4 517	210
				ses (Part IX, colum						••		,273,28		4,517	
			•	es. Add lines 13-7				· · · · ·		••	-	,153,06		15,505	<u>,</u>
L S		Rever	nue less	s expenses. Subtr	act line 18 fror	m line 12						,668,30		1,482	
Net Assets or Fund Balances		T . 4 . 5										of Current Y		End of Year	
Sse 3ala	20			Part X, line 16)								,493,88		46,277	
et A Ind I	21			es (Part X, line 26)								,656,77		5,424	<u> </u>
				r fund balances. S	Subtract line 2	1 from line 20.					38	,837,10	8.	40,853	<u>,249</u> .
	rt II		<u> </u>	e Block					de e e e e e e e e e e e e e e e e e e	- 4 - 4		- 41 1 4 - 4			
true	aer per e, corre	ct, and	complet	y, I declare that I ha e. Declaration of pre	parer (other tha	n officer) is base	ing accomp d on all info	rmation of whi	ich prepa	statements, rer has any k	and t nowl	o the best of edge.	ту кг	lowledge and be	lief, it is
Sig	ın		Signatu	re of officer								Date			
He			oignata									Duic			
				print name and title											
			,,	eparer's name		Preparer's sigr	nature		Date				р	ΓΙΝ	
Paio	d					i reparer s sigi			Dale			Check			
Pre	parer			J ENGLE								self-employ	-	200482834	
	Only		sname	▶ BKD, LLI							-			160260	
NA	(the !!	Firm's	address	1201 WALNUT	, SUITE 1700) KANSAS CITY	, MO 6410	6-2246						221-6300	
				is return with the				5)				<u></u>			No
For	Paper	work	Reduct	tion Act Notice, s	ee the separa	te instructions	i.							Form 990	(2014)

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

Il you ar	e ming for an Automatic 3-Month Extension, complete only Part I (on page 1).
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

i arti			Enter filer's identif	ying number, see instructions
	Name of exempt organization or other filer, see ins	structions.		ication number (EIN) or
Туре о	or			
print	KANSAS CITY SYMPHONY		43-1	297475
•	Number, street, and room or suite no. If a P.O. box	, see instruc		
File by th due date				
filing you	Ir City, town or post office, state, and ZIP code. For a	a foreign ad	dress, see instructions.	
return. Se instructio		-		
Enter t	he Return code for the return that this application is	s for (file a	a separate application for each return)	01
Applic		Return	Application	Return
Is For		Code	Is For	Code
Form	990 or Form 990-EZ	01		
	990-BL	02	Form 1041-A	08
	4720 (individual)	03	Form 4720 (other than individual)	09
	990-PF	04	Form 5227	10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
	990-T (trust other than above)	06	Form 8870	12
STOP!	Do not complete Part II if you were not already g	ranted ar	automatic 3-month extension on a previ	iously filed Form 8868.
• The	books are in the care of ▶ _{BARBARA TATE} , 170	13 WVAN		CTTY MO 64105
Tele	phone No. ► 816 218-2610		Fax No. \blacktriangleright	
	e organization does not have an office or place of b	usiness ir	the United States, check this box	· · · · · · · · · · · · • · · · •
	is is for a Group Return, enter the organization's fou			
	whole group, check this box			
list with	the names and EINs of all members the extension	is for.		
4 I	request an additional 3-month extension of time un	til	05/15 , 20 16	
5 F	request an additional 3-month extension of time un or calendar year, or other tax year beginnin	ng	07/01 , 20 14 , and ending	
	the tax year entered in line 5 is for less than 12 mo			l return
Γ	Change in accounting period			
7 S	tate in detail why you need the extension ADDITI	IONAL T	IME IS REQUIRED TO ACCUMULATE	1
T	HE INFORMATION NECESSARY TO FILE A	COMPLET	TE AND ACCURATE RETURN.	
_				
_				
8a lf	this application is for Forms 990-BL, 990-PF, 99	0-T, 4720), or 6069, enter the tentative tax, less	any
n	onrefundable credits. See instructions.			8a \$ 0
b If	this application is for Forms 990-PF, 990-T,	4720, o	6069, enter any refundable credits	and
	stimated tax payments made. Include any price			
а	mount paid previously with Form 8868.			8b \$ 0
сB	alance Due. Subtract line 8b from line 8a. Include y	our paym	ent with this form, if required, by using EF	TPS
(E	Electronic Federal Tax Payment System). See instruc	tions.		8c \$ 0
	Signature and Verifica	tion mu	st be completed for Part II only.	

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

Signature 🕨

Title 🕨

Date 🕨

Form 8868 (Rev. 1-2014)

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Х

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns Enter filer's identifying number see instructions

	Enter met sidentifying number, see instruct						
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or					
print	KANSAS CITY SYMPHONY	43-1297475					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)					
filing your	1703 WYANDOTTE STREET						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	KANSAS CITY, MO 64108						
	KANSAS CITY, MO 64108						

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶BARBARA TATE, 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64105

Telephone No. ▶ 816 218-2610 FAX No. ▶			_
• If the organization does not have an office or place of business in the United States, check this box		.	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		. If this is	
for the whole group, check this box If it is for part of the group, check this box		and attach	
a list with the names and EINs of all members the extension is for.			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension	on of time		-
until 02/15, 20 16, to file the exempt organization return for the organizatio	on named above	e. The extension is	
for the organization's return for:			
▶ calendar year 20 or			
▶ X tax year beginning 07/01 , 20 14 , and ending	06/30 , 20	15 .	
2 If the tax year entered in line 1 is for less than 12 months, check reason:	Final return		
Change in accounting period	-		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta	ax, less any		_
nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of	credits and		_
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by u	using EFTPS		
(Electronic Federal Tax Payment System). See instructions.	3c	\$	0
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453			-
instructions.			

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

KANSAS	CITY	SYMPHONY
10110110	0	0 1111 110111

			a response or note to any line in this	Part III	
	•	organization's miss	sion:		
-	SEE SCHEDULE	0			
-					
_					
F	prior Form 990 or 9		gnificant program services during th		
[5	Did the organizati services?	ion cease conduct	ing, or make significant changes		
		ese changes on Scl	hedule O. service accomplishments for each	of its three largest program so	arvices as measured
6	expenses. Section	501(c)(3) and 501	(c)(4) organizations are required to , for each program service reported.		
	Code:		12,735,086. including grants of \$	285,000.) (Revenue \$	5,798,278)
-					
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b (_) (Expenses \$	including grants of \$) (Revenue \$)
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		vices (Describe in S	-		
(Expenses \$	including ice expenses ►		venue \$)	
-			12,735,086.		

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." Yes Ne 2 is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 1 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public officer Schedule C. Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b), edited to in the tax year II "res." complete Schedule C. Part I. 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 98-197 If "Yes." complete Schedule C, part II. 4 X 6 Did the organization readvice on the distribution or investment of amounts in such funds or accounts for which downs have the right to provide avoide on the distribution or investment of amounts in such funds or accounts II "res." complete Schedule D, Part II. 7 X 9 Did the organization readvice on the distribution or investment of amounts in such funds or accounts II "res." complete Schedule D, Part II. 8 X 9 Did the organization readvice on the distribution or investment, including easements to preserve open space, the environment, historic land arease, or biotex of ant. historical trassuess. 7 X 9 Did the organization readvice on the distribution or inv	-	90 (2014)		F	Page 3
1 Is the organization described in section 501(C)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 2 Is the organization required to complete Schedule 9, Schedule of Contributors (see instructions)? 2 X 3 Did the organization required to complete Schedule 9, Schedule of Contributors (see instructions)? 2 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 taxyeori 11 "Yes," complete Schedule C, Part 1. X 5 Is the organization maintain any doner 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 1/f "Yes," complete Schedule D, Part 1. X 6 Did the organization maintain any doner 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 1/f "Yes," complete Schedule D, Part 1. X 7 Did the organization maintain celections of works of at, historical treasures, or other animiar assets? If Yes," complete Schedule D, Part 1. X 8 Did the organization report an amount in Part X, ine 21. for escrow or custodial account liability, serve as a custodian for amounts or listed in Part X, ine 21. for escrow or custodial account liability. serve as a custodian for amounts or listed in Part X, ine 21. for escrow or custodial account liability.	Part	IV Checklist of Required Schedules			
complete Schedule A, 1 x 2 1s 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(n) election in effect during the tax year! If "Yes." complete Schedule C, Part I. 4 x. 5 Is the organization asection 501(c)(4). 501(c)(5). or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revene Procedure 09-10? If "Yes." complete Schedule C, Part II. 6 x. 6 Did the organization caedwice on the distribution or investiment of amounts in such funds or accounts? If "Yes." complete Schedule D, Part I. 7 x. 7 Did the organization necelve 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 I. 7 x. 7 Did the organization received or anomuni net A; line 21, for escrow or custodial account liability, serve as a custodial no amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial no amount for line with organization senvice? If "Yes," complete Schedule D, Part V. 9 x. 10 Did the organization report an amount for lone subments organization report an amount for lone serve on par				Yes	No
2 Is the organization required to complete Schedule C, Part I. 2 X 3 Did the organization required to complete Schedule C, Part I. 3 X 4 Section Soft(c)(3) organizations. Did the organization engagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 4 X 5 Is the organization asettions. Did the organization engage in lobbying activities, or have a section 501(h), 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 II. 5 X 6 Did the organization neither and areas, or historis structures? If "Yes," complete Schedule D, Part I, "I D D Id the organization report an amount for Part X. Ine 21. for escrew or custodial account liability, serve as a custodian for amounts or late organization, hold assets in temporarily restricted endowments, orquasi-endowments, I "Yes," complete Schedule D, Part V, UI, VII, VII, VII, VII, VII, VII, VI	1				
 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," <i>complete Schedule C, Part I</i>. 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i/i). 4 Section for field turing the tax year? If "Yes," <i>complete Schedule C, Part I</i>. 4 Section for fight opposite and advise of the distribution or investment of anounts in such funds or accounts? If "Yes," <i>complete Schedule D</i>. 5 Juit the organization asset advise on the distribution or investment of amounts in such funds or accounts? If "Yes," <i>complete Schedule D</i>. Part II. 6 Did the organization active or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic attraceuse, or ottas offinian assets? If "Yes," <i>complete Schedule D</i>. Part II. 9 Did the organization active of volks of art. Instorical traceuse, or other similar saster? If "Yes," <i>a splitation for amounts and the Part X</i>, or provide credit counseling, debt management, credit repar, or debt negoliation services? If the schedule D. Part IV. 10 Did the organization anismust on the following questions is "Yes," then complete Schedule D. Part V. 10 Juit the organization anismust on the following questions is "Yes," then complete Schedule D. Part V. 10 Juit the organization anismust or theolowing users of the repark or deparization anismust or the nordware schedule D. Part V. 11 If the organization anismust or theolowing questions is "Yes," then complete Schedule D. Part V. 12 Juit the organization anismust for line table and organization. In Part X, line 10? If "Yes," complete Schedule D. Part V. 13 Did the organization anismust for line table. The TX, the T2 If Yes," complete Schedule D. Part V. 14 Juit the organ					
candidates for public office? // "res" complete Schedule C, Parl I. 3 X 4 Section S01(c)(3) organizations. Did the organization angle in lobbying activities, or have a socion 501(n) 4 X 5 Is the organization a section S01(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revence Procedure 99-19? If "Yes," complete Schedule C, Part II. 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 maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability: serve as a custodial for amounts not listed in Part X, or provide credit counseling, debit management, credit repar, or debit negotiation services? If "Yes," complete Schedule D, Part V. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 11			2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have 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 98-197 If "Yes," complete Schedule C, Part II X 5 Ib 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 II. E 7 Did the organization receives 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 8 Did the organization receives an ont in Part X. In provide credit counseling, debt management, credit repar, or debt negotiation services? If "Yes," complete Schedule D, Part II. 7 9 Did the organization after devity or through a related organization, hold assets in temporarity restricted endowments, per agnization, answer to any of the following questionis is "Yes," complete Schedule D, Part V. 10 9 Did the organization after amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 9 Did the organization in Part X. In 19 / Yes," complete Schedule D, Part V. 10 X 10 Did the organization asset organ amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sc	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 Is the organization ascention 501(c)(4), 501(c)(6), 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 A 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 × 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 × 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts no listed in Part X, for provide credit counseling, debt management, credit repair, or get x. 8 × 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 13 If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 114			3		X
 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membersing dues, assessments, or similar amounts as defined in Revenue Procedure 98-197. If "Yes," complete Schedule C, Part III, "Se," complete Schedule D, Part I, "Yes," complete Schedule D, Part I, "Yes," complete Schedule D, Part I, "Yes," complete Schedule D, Part II, "Yes," complete Schedule D, Part II, "Se," complete Schedule D, Part V, "Se," Compl	4				
 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 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 II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic instructures? If "Yes," complete Schedule D, Part II. Did the organization report an amount in Part X. line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X. ine 21, for escrow or custodial account liability: serve as a custodian for amounts or transpite Schedule D, Part V. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andownners? If "Yes," <i>complete Schedule D, Part V</i>. Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investments-order securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V. Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did the organization separate or consolidated financial statements for the tax year? If "Yes," and the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule			4		X
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 13 X 14a Did the organization neport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the			11e		X
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complete Schedule D, Parts XI and XII. 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X 14a 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 gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 X 16 X 17 Did the organization report at total of more than \$15,000 of supenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more	40.		111		X
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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14 Did the organization maintain an office, employees, or agents outside of the United States? 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	D		4.2.6		v
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If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	10		10	27	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	15		19		x
	20 2	Did the organization operate one or more bospital facilities? If "Ves." complete Schedule H			
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

Form 9	90 (2014)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ũ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
20	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
26				
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
	disqualified persons? If "Yes," complete Schedule L, Part II	20		
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	~ 7		37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
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):		3.7	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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	X	
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

Form 990 (2014)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 328			
b	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" to line 3b, provide an explanation in Schedule O	3b		
4a	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	-		3.7
	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		Х
	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	6.0		Х
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	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			
Ŭ	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
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4.5	against amounts due or received from them.)	40		
	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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
F	Note. See the instructions for additional information the organization must report on Schedule O.			
a	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			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
10.4				

Form §	90 (2014) KANSAS CITY SYMPHONY 43-129	7475	F	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 in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		Χ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	3		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
h	one or more members of the governing body?	- Tu		
D D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ĵ	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	404		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
D D	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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			v
	with a taxable entity during the year?	16a		Х
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?	4.0%		
Sect	ion C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright KS, MO,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	·)(3)s	only)
10	available for public inspection. Indicate how you made these available. Check all that apply.		,,,0,5	ony)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interview.	erest	policv	/, and
-	financial statements available to the public during the tax year.)	,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls: ►		
	BARBARA TATE 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108 816-218-2610		000	
JSA		Form	990	(2014)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hignest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line)	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or director r director Officer ndividual trustee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1)SHIRLEY_B. HELZBERG	1.00								
DIRECTOR/CHAIR EMERITA	0	Х		Х			0	0	0
_(2)ROBERT A. KIPP DIRECTOR/VICE PRESIDENT	1.00	Х		Х			0	0	0
(3)MICHAEL D. FIELDS DIRECTOR/VICE PRESIDENT	1.00	X		Х			0	0	0
(4)WILLIAM M. LYONS DIRECTOR/PRESIDENT	1.00	X		Х			0	0	0
(5)JOSHUA SOSLAND DIRECTOR/VICE PRESIDENT	1.00	X		Х			0	0	0
(6)WILLIAM B. TAYLOR DIRECTOR/SECRETARY/TREASURER	1.00	X		Х			0	0	0
(7)CHRISTINE GROSSMAN DIRECTOR	20.00	X					66,954.	0	16,073.
(8)DAVID_SULLIVAN DIRECTOR	20.00	X					63,838.	0	14,492.
(9)CARY DECAMP DIRECTOR	1.00	X					0	0	0
(10)KELLI GLYNN DIRECTOR	1.00	X					0	0	0
(11) IRVINE HOCKADAY DIRECTOR	1.00	Х					0	0	0
(12)MARYLOU TURNER DIRECTOR	1.00	X					0	0	0
(13) RICHARD MILLER DIRECTOR	1.00	X					0	0	0
(14) TERRY BASSHAM DIRECTOR	1.00	X					0	0	0
	0	Λ					0	0	0

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Form 990 (2014)

Part VII Section A. Officers, Directors, Tr										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	ition more rson	e than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) URSULA TERRASI	1.00									
DIRECTOR	0	Х						0	0	
16) ANN KAUFMANN BAUM DIRECTOR/VICE PRESIDENT	1.00	X		Х				0	0	
17) JOHN EDGAR	1.00									
DIRECTOR	0	Х						0	0	
18) ELIZABETH SHELLHASE GRAY DIRECTOR	20.00	x						52,989.	0	14,255
19) VINCE CLARK DIRECTOR	1.00	X						0	0	
20) SARAH ROWLAND DIRECTOR	1.00	X						0	0	
21) ELENA LENCE TALLEY DIRECTOR	20.00	X						65,348.	0	17,872
22) TOM BOWSER DIRECTOR	1.00	X						0	0	
23) MARNY SHERMAN	1.00									
DIRECTOR	0	Х						0	0	
24) BARBARA TATE DIRECTOR BUSINESS OPERATIONS	40.00			X				89,278.	0	28,777
25) FRANK BYRNE	50.00									207111
EXECUTIVE DIRECTOR				х				251,190.	0	11,732
		I				l		130,792.	0	30,565
1b Sub-total c Total from continuation sheets to Part VII, S	Section A	• • •	• • •	•••	• • •		-	801,873.	0	137,179
d Total (add lines 1b and 1c)					• •	• • •		932,665.	0	167,744

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **>** 3

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
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
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

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	351,598.
HARVEST PRODUCTIONS NORTH KANSAS CITY, MO 64116	SOUND AND LIGHTING	314,594.
KANSAS CITY STAR KANSAS CITY, MO 64180	ADVERTISING	182,329.
HARVEST GRAPHICS LENEXA, KS 66215	PRINTING	157,848.
BENNETT DIRECT MILWAUKEE, WI 53201	TELEFUNDING	189,592.
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ► 5		
JSA 4E1055 1.000		Form 990 (2014)

Yes No

Х

Х

Х

(A) Name and tile (B) Amore pre- treated and ansatzer (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	Form 990 (2014)	Turrete e a 1/a						11 au						Page 8
Name and tile Average Hourset week (if were week (if were week (if were week) (if			∋y ⊨n	npio			and F	lig		1	vees (co			
 marked of grant and second of the secon		Average hours per week (list any	Average hours per week (list any hours for Position Rep competition Mours per week (list any hours for (do not check more than one box, unless person is both an officer and a director/trustee) competition					Reportable compensation from	Reportal compensatio related	on from	Est am	timated ount of other	f	
MUSIC DIFFERTOR 20.00 x 62,603. 0 23,33 27) NONI GELLER 20.00 x 159,824. 0 23,03 28) LLEWELLYN CRAING 35.00 x 120,641. 0 18,17 DEVELOPMENT DIRECTOR 0 x 120,641. 0 18,17 Image: State of the state of th		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			orga and	nizatio relateo	b
27) NOAH GELLER 20.00 x 159,824. 0 23,03 28) LEXENELINY CRAING 35.00 x 120,641. 0 18,17 DEVELOPMENT DIRECTOR 0 x 120,641. 0 18,17 Image: Construction of the c			-											
CONCERTINASTER 0 x 159,824. 0 23,03 28) LLEWELLYN CRAING 35,00 x 120,641. 0 18,17 DEVELOPMENT DIRECTOR 0 x 120,641. 0 18,17 Image: Construct State S		°				Χ			62,603.		0		23,3	32
DEVELOPMENT DIRECTOR 0 x 120, 641. 0 18, 17. Image: Construction of the constender of		+	-				Х		159,824.		0		23,0)37
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 3 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 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 6 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.							Х		120,641.		0		18,1	.74
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 3 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 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 6 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.			_											
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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 2 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 3 2 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 4 X 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 2 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	2 Total number of individuals (including but n	ot limited to t	hose	liste				o re	eceived more than	\$100,000 c	of			
 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. 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 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) (B) (C) 	3 Did the organization list any former of	officer, directo	or, or	tru	stee	e, I	key e	emp	oloyee, or highes	t compensa	ated		Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3		X
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	organization and related organizations	greater than	\$15	50,00)0?	lf	"Yes	s,"	complete Schedu	ile J for s	such	4	Х	
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) (B) (C)	5 Did any person listed on line 1a receive	or accrue co	mpen	satio	on f	rom	n any	un	related organizati	on or individ	dual	5		Х
(A) (B) (C)	1 Complete this table for your five highest c compensation from the organization. Repo													
	(A)	addross								nicos			ation	
		auui 655										Surbens	aliUH	

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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					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		72,434.				
s, G	c	Fundraising events		1,463,909.				
Gift lar /	d	Related organizations		, ,				
imi	e	Government grants (contribu		222,475.				
tior er S	f	All other contributions, gifts,						
ibu		and similar amounts not included	-	7,702,038.				
d C		Noncash contributions included						
an	g h	Total. Add lines 1a-1f			9,460,856.			
ne				Business Code	.,,			
ven	2a	TICKET SALES		711190	4,744,450.	4,744,450.		
Re	b	PERFORMANCE FEES		711190	1,053,828.	1,053,828.		
/ice	c				, ,	, ,		
Sen	d							
E E	e							
Program Service Revenue	f	All other program service rev	enue					
Pro	g	Total. Add lines 2a-2f			5,798,278.			
	3		cluding dividen					
		and other similar amounts).	0		1,642,797.			1,642,797.
	4	Income from investment of			0			
	5	Royalties	•	·	0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d 7a	Net rental income or (loss	<u></u>	<u></u> ▶	0			
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,751,334.					
	b	Less: cost or other basis						
		and sales expenses	1,696,933.	75.				
	с	Gain or (loss)	54,401.	-75.				
	d	Net gain or (loss)		<u></u> ▶	54,326.			54,326.
ne	8a	Gross income from fundra	ising					
		events (not including \$1	,463,909.					
ev		of contributions reported on	line 1c).					
r R		See Part IV, line 18	a	890,470.				
Other Reven	b	Less: direct expenses						
ð	С	Net income or (loss) from fu	ndraising events.	· · · · · · · • •	-65,177.			-65,177.
	9a	Gross income from gaming See Part IV, line 19						
	b	Less: direct expenses						
	с	Net income or (loss) from g	aming activities.	· · · · · · •	0			
	10a	Gross sales of inventor returns and allowances	a	I I				
	b	Less: cost of goods sold	ba of inventory					
	C	Net income or (loss) from sa Miscellaneous Reven		► Business Code	0			
	11a			900099	96,104.			96,104.
	b							
	C d	All other revenue						
	d	Total. Add lines 11a-11d			96,104.			
	е 12	Total revenue. See instruction			16,987,184.	5,798,278.		1,728,050.
		. stal istalius. See maildelle			±0,00/,104.	J, 130, 210.		±, /20, UJU.

Check if Schedule O contains a response or note to any line in this Part VIII.

Form **990** (2014)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mu	st complete all columns			
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	285,000.	285,000.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	851,447.	453,721.	397,726.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,424,506.	6,735,300.	225,013.	464,193
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	467,136.	444,324.	6,962.	15,850
9 Other employee benefits	1,117,545.	1,032,932.	20,989.	63,624
10 Payroll taxes	705,678.	624,692.	38,896.	42,090
11 Fees for services (non-employees):				
a Management	0			
b Legal	73,378.	1,000.	72,378.	
c Accounting	70,825.		70,825.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	136,408.			136,408
f Investment management fees	47,163.		47,163.	,
g Other. (If line 11g amount exceeds 10% of line 25, column	,		,	
(A) amount, list line 11g expenses on Schedule O.)	358,210.	245,221.	54,514.	58,475
12 Advertising and promotion	462,936.	462,085.		851
13 Office expenses	714,206.	450,939.	54,743.	208,524
14 Information technology	0	100,000		2007021
15 Royalties	0			
	262,880.		262,880.	
16 Occupancy	231,638.	167,531.	49,650.	14,457
17 Travel	201,000.	107,001.	40,000.	11,101
18 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	9,455.		9,455.	
20 Interest	J, 400.		J, 4JJ.	
21 Payments to affiliates	109,076.		109,076.	
22 Depreciation, depletion, and amortization	75,426.		75,426.	
23 Insurance	13,420.		10,420.	
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.)	COO 17C	COO 17C		
aGUESTS ARTISTS AND CONDUCTOR	692,176.	692,176.		
bCONCERT PRODUCTION EXPENSE	1,026,991.	1,026,991.		
cBAD DEBT EXPENSE	59,504.	59,504.		
dMISCELLANEOUS_EXPENSE	249,854.	49,867.	195,472.	4,515
e All other expenses	73,600.	3,803.	19,967.	49,830
25 Total functional expenses. Add lines 1 through 24e	15,505,038.	12,735,086.	1,711,135.	1,058,817
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here 🕨 📄 if				
following SOP 98-2 (ASC 958-720)	0			

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Form 990 (2014)

Page **11**

	n 990 (Page 11
Pa	rt X			to only line in this D	and V		
		Check if Schedule O contains a response of	note	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,468,698.		2,703,611.
	2	Savings and temporary cash investments			4,341,854.	2	4,154,546.
	3	Pledges and grants receivable, net			22,452,913.	3	16,073,460.
	4	Accounts receivable, net			137,944.	4	175,273.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest c	omper	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			C	5	(
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu					
S		organizations (see instructions). Complete Part II of Sche	edule L		C	6	(
Assets	7	Notes and loans receivable, net			C	7	(
Ass	8	Inventories for sale or use			5,767.		5,641.
-	9	Prepaid expenses and deferred charges			345,847.	9	501,277.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	1,441,603.			
	b	Less: accumulated depreciation	10b	865,312.	596,982.	10c	576,291.
	11	Investments - publicly traded securities			14,143,877.	11	22,087,899.
	12	Investments - other securities. See Part IV, line 11			C	12	(
	13	Investments - program-related. See Part IV, line 17	1		C	13	(
	14	Intangible assets			C	14	(
	15	Other assets. See Part IV, line 11			C	15	(
	16	Total assets. Add lines 1 through 15 (must equal			43,493,882.	16	46,277,998.
	17	Accounts payable and accrued expenses			1,310,695.	17	1,843,758.
	18	Grants payable			C	18	(
	19	Deferred revenue			3,332,619.	19	3,580,991.
	20	Tax-exempt bond liabilities			C	20	(
es	21	Escrow or custodial account liability. Complete Pa			C	21	(
Liabilities	22	Loans and other payables to current and fe					
iab		trustees, key employees, highest comper					
_		disqualified persons. Complete Part II of Schedule			C	22	(
	23	Secured mortgages and notes payable to unrelat			C	23	(
	24	Unsecured notes and loans payable to unrelated			C	24	(
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		, .	12 460		
		of Schedule D	• • •		13,460.	<u> </u>	
	26	Total liabilities. Add lines 17 through 25			4,656,774.	26	5,424,749.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	there 🕨 🔯 and			
Inc	27	Unrestricted net assets			7,924,480.	27	8,323,610.
Bala	28	Temporarily restricted net assets	• • •		2,267,765.	28	2,901,593.
Ыd	29	Permanently restricted net assets			28,644,863.	29	29,628,046.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.					
s	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equ	lipmer	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inc	ome	or other funds		32	
Vet	33	Total net assets or fund balances			38,837,108.	33	40,853,249.
2	34	Total liabilities and net assets/fund balances			43,493,882.	34	46,277,998.
					10, 100, 002.		Eorm 990 (2014)

Form 990 (2014)

Form 990 (2014)

KANSAS	CITY	SYMPHONY

Form 99	0 (2014)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,9	87,1	.84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,5		
3	Revenue less expenses. Subtract line 2 from line 1	3		82,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,8		
5	Net unrealized gains (losses) on investments	5	5	33,9	95.
	Donated services and use of facilities	6			0
	Investment expenses	7			0
	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	40,8	53,2	249.
Part 2	KII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	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," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		3a		Х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

	rtment of the Treasury nal Revenue Service		• Attach to Form 990 or (Form 990 or 990-EZ) :			is at www.irs.gov/form9	Open to Public 990. Inspection
Nam	e of the organization		<u>_</u>				tification number
KAN	ISAS CITY SYMPHONY					43	-1297475
Pa	rt I Reason for Public Ch	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	S.
The	organization is not a private fo	undation because i	t is: (For lines 1 throu	gh 11, ch	neck only	one box.)	
1	A church, convention of cl	hurches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	A school described in sec	tion 170(b)(1)(A)(ii)	. (Attach Schedule E.))			
3	A hospital or a cooperativ	e hospital service o	organization described	in sectio	on 170(b)	(1)(A)(iii).	
4	A medical research organ	ization operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A))(iii). Enter the
	hospital's name, city, and						
5	An organization operated		a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (
6	A federal, state, or local g						
7	An organization that norm		-	upport fr	om a go	vernmental unit or fro	om the general public
	described in section 170(I			D (U)			
8	A community trust describ			-		aantributiana mamb	archin face and areas
9	X An organization that norn receipts from activities re						
	support from gross inve	-	-		-		
	acquired by the organizati						
10	An organization organized				-		
11	An organization organized			-			rry out the purposes of
	one or more publicly supp		-	-			
	the box in lines 11a through	-			-		
а	Type I . A supporting or	ganization operated	l, supervised, or conti	olled by	its supp	orted organization(s),	typically by giving
	the supported organizat			-		- · ·	
	organization. You must	complete Part IV, S	Sections A and B.				
b	Type II . A supporting or	ganization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
	control or management	of the supporting c	organization vested in	the sam	ne persor	ns that control or mar	hage the supported
	organization(s). You mus	-					
С	Type III functionally interest		·				lly integrated with,
	its supported organization						
d	Type III non-functionally			-			
	that is not functionally in			-			a an attentiveness
е	requirement (see instruction of the orgonal sector) requirement (sector) requ						
C	functionally integrated, of						n, rype m
f	Enter the number of supporte			,porting (organiza		
g	Provide the following informat						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above or IRC section		our governing ment?	support (see instructions)	other support (see instructions)
			(see instructions))				
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	al						

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

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OMB No. 1545-0047

2014

Schedule A (Form 990 or 990-EZ) 2014

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the 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 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2014 (li		· ·	())		14	%
15	Public support percentage from 2013					15	%
16a	331/3% support test - 2014. If the c	-					
	this box and stop here . The organizati						
b	331/3% support test - 2013. If the o						
47-	check this box and stop here . The org						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			•	•		· · ·
h	organization 10%-facts-and-circumstances test - 2						
D			-				
	15 is 10% or more, and if the orga Explain in Part VI how the organizati						-
					•		
18	supported organization Private foundation. If the organization						
10	-						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	10,226,483.	7,714,060.	26,603,441.	18,737,241.	9,460,856.	72,742,081
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	3,378,809.	4,956,789.	5,266,317.	6,025,361.	5,798,278.	25,425,554
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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	13,605,292.	12,670,849.	31,869,758.	24,762,602.	15,259,134.	98,167,635
7a	Amounts included on lines 1, 2, and 3						,,
	received from disqualified persons	3,008,206.	2,622,409.	19,681,181.	10,443,008.	4,029,248.	39,784,052
b	Amounts included on lines 2 and 3	3,000,200.	2,022,103.	19,001,101.	10/110/000.	1,025,210.	
	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.	3,008,206.	2,622,409.	19,681,181.	10,443,008.	4,029,248.	39,784,052
8	Public support (Subtract line 7c from	3,000,200.	2,022,409.	19,001,101.	10,443,008.	4,029,240.	39,704,032
0	line 6.)						E0 202 E02
Sec	tion B. Total Support						58,383,583
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Γ						
9 10 a	Amounts from line 6 Gross income from interest, dividends,	13,605,292.	12,670,849.	31,869,758.	24,762,602.	15,259,134.	98,167,635
iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources.	8,936.	3,077.	4,971.	243,544.	1,642,797.	1,903,325
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	8,936.	3,077.	4,971.	243,544.	1,642,797.	1,903,325
11	Net income from unrelated business						
11	activities not included in line 10b,						
11							
	activities not included in line 10b, whether or not the business is regularly						
	activities not included in line 10b, whether or not the business is regularly carried on						
	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	166,781.	25,064.	83,660.	76,501.	96,104.	
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	166,781.	25,064.	83,660.	76,501.	96,104.	
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	166,781.	25,064. 12,698,990.	83,660.	76,501. 25,082,647.	96,104. 16,998,035.	448,110
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11,	13,781,009.	12,698,990.	31,958,389.	25,082,647.	16,998,035.	448,110
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	13,781,009. the organization	12,698,990. 's first, second,	31,958,389. third, fourth, or	25,082,647. fifth tax year as	16,998,035.	448,110 100,519,070 c)(3)
12 13 14	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.)	13,781,009. the organization	12,698,990. 's first, second,	31,958,389. third, fourth, or	25,082,647. fifth tax year as	16,998,035.	448,110 100,519,070 c)(3)
12 13 14 Sec	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	13,781,009. the organization port Percenta	12,698,990. 's first, second, ge	31,958,389. third, fourth, or	25,082,647. fifth tax year as	16,998,035.	448,110 100,519,070 c)(3)
12 13 14 <u>Sec</u> 15	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here	13, 781, 009. the organization port Percenta column (f) divide	12, 698, 990. 's first, second, ge d by line 13, colum	31, 958, 389. third, fourth, or n (f))	25,082,647. fifth tax year as	16,998,035.	448,110 100,519,070 c)(3)
12 13 14 5 15	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schere	13,781,009. the organization port Percenta column (f) divide dule A, Part III, lin	12,698,990. 's first, second, ge d by line 13, colum e 15	31, 958, 389. third, fourth, or n (f))	25,082,647. fifth tax year as	16,998,035. s a section 501(448,110 100,519,070 c)(3) 58.08 %
12 13 14 <u>Sec</u> 16 <u>Sec</u>	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investmen	13,781,009. the organization port Percenta column (f) divide dule A, Part III, line t Income Percenta	12, 698, 990. 's first, second, ge d by line 13, colum e 15 centage	31,958,389. third, fourth, or n (f))	25,082,647. fifth tax year as	16,998,035. s a section 501(15 16	448,110 100,519,070 c)(3) 58.08 % 59.50 %
12 13 14 5 <u>66</u> 15 16 5 <u>66</u> 17	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Scher tion D. Computation of Investment Investment income percentage for 2014 (line	13,781,009. the organization port Percenta column (f) divide dule A, Part III, line t Income Perc ne 10c, column (f	12,698,990. 's first, second, ge d by line 13, colum e 15 centage) divided by line 13	31, 958, 389. third, fourth, or n (f))	25,082,647. fifth tax year as	16,998,035. s a section 501(448,110 100,519,070 c)(3) 58.08 % 59.50 % 1.89 %
12 13 14 <u>Sec</u> 15 16 5 <u>Sec</u> 17	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schee tion D. Computation of Investment Investment income percentage from 2013 Schee	13, 781, 009. the organization port Percenta column (f) divide dule A, Part III, line t Income Perc ne 10c, column (f Schedule A, Part I	<u>12,698,990.</u> 's first, second, ge d by line 13, colum e 15. centage) divided by line 13 II, line 17	31, 958, 389. third, fourth, or n (f))	25,082,647. fifth tax year as	16,998,035. s a section 501(15 16 17 18	448,110 100,519,070 c)(3) 58.08 % 59.50 % 1.89 % .28 %
12 13 14 <u>Sec</u> 15 16 Sec 17 18	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage for 2013 Sche tion D. Computation of Investment Investment income percentage for 2013 S 331/3% support tests - 2014. If the org	13, 781, 009. the organization port Percenta column (f) divide dule A, Part III, line t Income Perc to 10c, column (f Schedule A, Part I ganization did no	12,698,990. 's first, second, ge d by line 13, colum e 15 :entage) divided by line 13 II, line 17 t check the box	31, 958, 389. third, fourth, or n (f)) 3, column (f)) on line 14, and	25,082,647. fifth tax year as	16,998,035. a section 501(15 16 17 18 a than 331/3 %, a	448,110 100,519,070 c)(3) 58.08% 59.50% 1.89% .28% nd line
12 13 14 <u>Sec</u> 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage for 2013 Scheet tion D. Computation of Investment Investment income percentage for 2013 S 331/3% support tests - 2014. If the org 17 is not more than 331/3%, check thi	13, 781, 009. the organization port Percenta column (f) divide dule A, Part III, line t Income Percenta to 10c, column (f) Schedule A, Part I panization did no s box and stop	12,698,990. 's first, second, ge d by line 13, colume e 15 centage) divided by line 13 II, line 17 t check the box here. The orga	31,958,389. third, fourth, or n (f)) 3, column (f)) on line 14, and nization qualifies	25,082,647. fifth tax year as	16,998,035. s a section 501(15 16 17 18 e than 331/3 %, a supported organiz	448,110 100,519,070 c)(3) ► 58.08% 59.50% 1.89% .28% nd line zation ► X
12 13 14 <u>Sec</u> 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage for 2013 Schet tion D. Computation of Investment Investment income percentage for 2014 (lir Investment income percentage from 2013 S 331/3% support tests - 2014. If the org 17 is not more than 331/3%, check thi 331/3% support tests - 2013. If the org	13,781,009. the organization port Percenta column (f) divide dule A, Part III, line t Income Percenta to 10c, column (f Schedule A, Part I panization did no s box and stop nization did not	12,698,990. 's first, second, ge d by line 13, colum e 15 centage) divided by line 13 II, line 17 t check the box here. The orga check a box on li	31,958,389. third, fourth, or n (f)) 3, column (f)) on line 14, and nization qualifies ne 14 or line 19	25,082,647. fifth tax year as the second sec	16,998,035. s a section 501(15 16 17 18 e than 331/3 %, a supported organiz more than 331/3	58.08% 59.50% 1.89% .28% nd line zation ► X %, and
15 <u>16</u> Sec 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage for 2013 Scheet tion D. Computation of Investment Investment income percentage for 2013 S 331/3% support tests - 2014. If the org 17 is not more than 331/3%, check thi	13,781,009. the organization port Percenta column (f) divide dule A, Part III, line t Income Percent te 10c, column (f Schedule A, Part I panization did not s box and stop nization did not this box and stop	12,698,990. 's first, second, ge d by line 13, colume e 15. centage) divided by line 13 II, line 17 t check the box here. The orga check a box on li op here. The org	31,958,389. third, fourth, or (f)) a, column (f)) on line 14, and nization qualifies ne 14 or line 19 anization qualifies	25,082,647. fifth tax year as interpretent of the second	16,998,035. s a section 501(15 16 17 18 2 than 331/3 %, a supported organiz more than 331/3 supported organiz	448,110 100,519,070 c)(3) ▶ 58.08% 59.50% 1.89% .28% nd line zation ▶ X %, and zation ▶

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	le A (Form 990 or 990-EZ) 2014		F	Page 🕻
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	INC
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
ŭ	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations		V	NI -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions).		N
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u>2a</u>		
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in Part VI the	2a 2b		
b 3	 how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 			
	 how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 			
3	 how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 			
3	 how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 	2b		

Page 6

Schedule A (Form 990 or 990-EZ) 2014			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		structions. All
other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.	1
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		_
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Part		Supporting Organizat		Current Ver-					
	ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish ex								
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed						
	organizations, in excess of income from activity								
-	3 Administrative expenses paid to accomplish exempt purposes of supported organizations								
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	the organization is resp	onsive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2014 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2014								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014:								
а									
b									
C									
d									
e	From 2013								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
<u> </u>									
	Carryover from 2009 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
	Distributions for 2014 from Section								
4									
	D, line 7: \$								
a	· · · · · · · · · · · · · · · · · · ·								
b	Applied to 2014 distributable amount								
_ C	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2014, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2014. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see								
	instructions).								
7	Excess distributions carryover to 2015. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а									
b									
c									
d	Excess from 2013								
e	Excess from 2014								

Part VI Supplemental Information. 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).

				ATT	ACHMENT 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS	166,781.	25,064.	83,660.	76,501.	96,104.	448,110.
TOTALS	166,781.	25,064.	83,660.	76,501.	96,104.	448,110.

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

Name of the organization

KANSAS CITY SYMPHONY

43-1297475

Employer identification number

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year

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 its Form 990-PF, Part I, line 2, 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) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 3		\$ 55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 4		•••••• \$ •••••• 10,190.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 5		• \$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>13,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 7		\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 8		•••••• \$ •••••••••••••••••••••••••••••	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 9_ 		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>10</u>		• \$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_11 		\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_12 		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u>		• \$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>_14</u>		\$7,391.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		• \$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_17		• \$6,105.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_18		• \$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		• \$ <u>53,932.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21		• \$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22		• \$6,639.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$5 <u>,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		• \$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
25 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26		\$6,500.	Person X Payroll V Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27 _		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 28 _		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 29 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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(a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		• \$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$ 26,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$9,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_34		• \$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_35		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$ 50,124.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38		• \$26,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40 		• \$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_41		• \$5,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_42		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>44</u> 		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		• \$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_46 		• \$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_47		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_48		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49 		\$ 12,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_52		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_53		• \$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_54		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ <u>55</u> _		\$31,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
56		\$6,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ <u>57</u> _		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ <u>58</u> _		\$ <u>70,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
59		\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
60 _		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
61		\$ <u>5,500</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
62		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
63		\$23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
64		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
65 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
66		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ 12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_68		\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_69		\$ 9,424.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_70		\$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_71		• \$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
72		\$33,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73		\$ <u>100,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		\$5,620.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		• \$ 29,019.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76 		• \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_78		• \$ <u>10,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
79 		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
80		• \$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_81		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
82 		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_83		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		• \$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>85</u> 		• \$5,265.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
86		• \$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$21,839.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_89		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
90		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
91		\$ <u>5,500</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
92 _		\$ <u>13,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
93 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
94 _		\$60,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
95 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
96 _		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 97 _		\$ <u>17,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
98 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 99 _		\$23,028.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_100 _		\$ <u>199,349</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_101 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_102 _		\$8, <u>500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_103 _		\$7, <u>500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_104 _		\$ <u>30,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_105 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
106		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_107 _		\$ <u>10,200</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_108 _		\$8,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>110</u>		• \$62,590.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.111		• \$595,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
112		• \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.113		• \$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.114		• \$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
115		\$6, <u>000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
116		\$ <u>5,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_117 _		\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_118 _		\$5,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
119		\$ <u>17,700</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_120 _		\$7, <u>500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_121 _		\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_122 _		\$ <u>10,075</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_123 _		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_124 _		\$5,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
125		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
126		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.27		\$ \$ \$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
128 		\$ \$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
129		• \$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
130		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 <u>31</u>		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
132		•••••• \$ •••••••••••••••••••••••••••••	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_133 _		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_134 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		\$11,500.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_137 _		\$ <u>35,629</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
139_ 		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
140 		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
141		• \$ 37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
142		• \$135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
143		• \$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
144		• \$ <u>185,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
145_ 		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
146		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
147		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
148		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
149		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
150		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_151 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_152 _		\$ <u>6,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_154 _		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$ <u>5,100</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
157		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
158		\$5,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
159		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_160 _		\$7,755.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_161 _		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_162 _		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 <u>63</u>		\$ 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
164		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 <u>65</u>		• \$7,565.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
166		• \$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 <u>67</u>		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
168		• \$58,631.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 <u>69</u>		\$ 8,547.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
170		• \$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
171		• \$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
172		• \$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
173		\$ <u>18,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
174		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
L75		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
176		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
177		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
178		• \$\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
179		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
180		• \$ <u>60,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
181		•••••• \$ •••••••••••••••••••••••••••••	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
182 		• \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
183		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
184		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 <u>85</u>		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
186		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
187_ 		\$ 17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
188 		• \$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
189		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
190 		• \$112,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
191		• \$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
192_		• \$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
193_ 		\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
194 		\$ 980,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
195		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
196_ 		• \$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 <u>97</u>		• \$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
198		• \$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 <u>99</u>		• \$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
200		•••••• \$ •••••••••••••••••••••••••••••	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
201		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
202		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
203		• \$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
204		\$ 17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_205 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
206		\$ <u>6,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_207 _		\$17,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_208 _		\$ <u>12,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_209 _		\$ <u>10,000</u> .	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_210 _		\$15,446.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_211 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_212 _		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_213 _		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_214 _		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_215 _		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
216		\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
217		\$ 39,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
218		• \$5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
219		\$ <u>10,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
220		• \$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
221		• \$ 7,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
222		\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
223		\$ 28,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
224		\$ 80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
225		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
226		• \$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
227		• \$5,130.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
228		\$ 16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
229		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
230		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
231		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
232		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
233		• \$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
234		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
235		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
236		\$ 56,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
237		• \$55,887.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
238		• \$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
239		• \$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
240		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_242 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		\$8,150.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_244		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
247		\$58,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
248		\$ <u>19,565.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
249		• \$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
250		• \$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
251		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
252		• \$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
253		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
254		• \$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
255		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
256		• \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
257		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
258		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page 2

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
259		\$ 44,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
260		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
261		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
262		\$67,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
263		\$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
264		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
265		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
266		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
267		\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_68		• \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2 <u>69</u>		• \$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
270		• \$ <u>36,670.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization KANSAS CITY SYMPHONY

Employer identification number 43-1297475

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
271		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_272 _		\$5 <u>,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization	KANSAS	CITY	SYMPHONY	

Employer identification number 43-1297475

Page 3

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FUR COAT		
		\$ <u>\$,600.</u>	_09/06/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	CHINA		
		\$\$.	_04/19/2015
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
. 69	DINNER FOR TWELVE	 s 1,800.	04/09/2015
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.74	GOLF FOR FOUR	 \$\$120.	06/10/2015
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.75	STOCK	\$10,675.	_04/16/2015
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	DIAMONDS	47 500	05/01/2015
		\$ 47,590.	05/01/2015

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Employer identification number

(c)

from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	Date received
136	DINING CAR EXPERIENCE		
		 \$500.	_06/05/2015_
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
78	KEYCHAINS	 \$ 100.	05/18/2015
a) No. from	(b) Description of noncash property given	\$100. (c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
217	RUSTIC FRENCH SUPPER	 \$ 4,000.	11/05/2014
		\$ <u>4,000</u> .	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
219	STAGE AND EVENT FLORAL		
		\$ 10,000.	_10/23/2014
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
237	STOCK		
		\$ 15,387.	_02/02/2015
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
253	STOCK		
		\$ 7,500.	_05/04/2015

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization KANSAS CITY SYMPHONY

(b)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.

from

43-1297475

(d)

	(Form 990, 990-EZ, or 990-PF) (2014)		Page
vame of or	ganization KANSAS CITY SYMPHONY		Employer identification number
	that total more than \$1,000 for the y	e completing Part III, ent e completing Part III, ent e year. (Enter this inforr	anizations described in section 501(c)(7), (8), or (10 attributor. Complete columns (a) through (e) and the ter the total of <i>exclusively</i> religious, charitable, etc., mation once. See instructions.) \triangleright \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (d) Description of how gift is held
		(e) Transfer of	f gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of	f gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift (d) Description of how gift is held
		(e) Transfer of	 f gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(-) N-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (d) Description of how gift is held
		(e) Transfer of	f gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
SA			Schedule B (Form 990, 990-EZ, or 990-PF) (20

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SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Supplemental Financial Statements 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.

Open to Public

20

OMB No. 1545-0047

14

Interr	nal Revenue Service	Information about Schedule	D (Form 990) and its instructions is at www.irs	-	Inspection
Name	e of the organization			Employer identifica	
	ISAS CITY SYME			43-12974	75
Pa			ised Funds or Other Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	-		advisors in writing that the assets held		
•	-		e organization's exclusive legal control?		Yes No
6	-	-	and donor advisors in writing that grant fu		
			fit of the donor or donor advisor, or for a		Yes No
Da		ition Easements.			
Гa			"Yes" to Form 990, Part IV, line 7.		
1			organization (check all that apply).		
-		n of land for public use (e.g., rec		of a historically im	portant land area
		of natural habitat	-	of a certified histo	
	Preservatio	n of open space			
2			eld a qualified conservation contribution in	the form of a con	servation
	-	last day of the tax year.			End of the Tax Year
а	Total number of c	onservation easements		2a	
b			8	2b	
с	Number of conser	rvation easements on a certified	historic structure included in (a)	2c	
d	Number of conse	rvation easements included in (c	c) acquired after 8/17/06, and not on a		
	historic structure	listed in the National Register		2d	
3			nsferred, released, extinguished, or termin	nated by the organ	nization during the
4			rvation easement is located		
5			garding the periodic monitoring, inspec		
_			sements it holds?		Ves No
6			nspecting, and enforcing conservation eas	sements during the	year
_	•				
7			ting, and enforcing conservation easeme	nts during the year	
8	►\$		e 2(d) above satisfy the requirements of se	$a = \frac{170}{b} \frac{1}{4} \frac{1}{D}$	i)
0		•			
9	In Part XIII descr	in(4)(D)(II)?	conservation easements in its revenue and	d avnansa statama	└── Yes └── No
3		•	of the footnote to the organization's financ		
		counting for conservation easeme	•		
Ра		-	of Art, Historical Treasures, or Othe	r Similar Assets	
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under SI	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu	revenue statemer	t and balance sheet
	works of art, hist	torical treasures, or other simila	ar assets held for public exhibition, edu potnote to its financial statements that des	cation, or researc	ch in furtherance of
b			SFAS 116 (ASC 958), to report in its r		
b			ar assets held for public exhibition, edu		
	public service, pro	ovide the following amounts relation	ng to these items:		
2			rt, historical treasures, or other similar		al gain, provide the
			FAS 116 (ASC 958) relating to these item		
а					
For I	Paperwork Reduction	n Act Notice, see the Instructions for	r Form 990.	Sch	edule D (Form 990) 2014

		SAS CITY SYMPI	HONY					43-129	97475	_	0
	dule D (Form 990) 2014	ng Collections of	Art, Histor	rical Tr	easures,	or Oth	ner Simila	ar Asse	ts (conti		ge 2 d)
3 b c 4 5	 collection items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 										
	Is the organization an agent, truste included on Form 990, Part X? If "Yes," explain the arrangement in							•••	Yes	X	No
							A	mount			
	Beginning balance					-					
	Additions during the year										
e £	Distributions during the year										
f 2a	Ending balance Did the organization include an am						account lia	hility2	Yes	X	No
	If "Yes," explain the arrangement in										NU
Par											
T ui		(a) Current year	(b) Prior y		(c) Two ye		(d) Three ye		(e) Four y	ears b	ack
1a	Beginning of year balance	14,143,878.	7,871,			3,287.		3,240.	3,2		
	Contributions	9,112,646.	6,642,			3,048.),205.	1,0		
	Net investment earnings, gains,	, ,			,	,		,	,	,	
	and losses	629,878.	1,634,	169.	689	9,234.	9	9,124.	6	38,9	925.
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs	1,751,340.	1,983,	786.	540),947.	171	L,905.	1	55,5	536.
f	Administrative expenses	47,163.		,412.		3,412.		2,377.			351.
	End of year balance	22,087,899.	14,143,			L,210.		3,287.	4,7		
2	Provide the estimated percentage										
а	Board designated or quasi-endown	nent 🕨 24.0000	%	•							
b	Permanent endowment 69.0	000 % 0000	_								
С	Temporarily restricted endowment	▶ 7.0000 %									
	The percentages in lines 2a, 2b, and	nd 2c should equal 1	00%.								
3a	Are there endowment funds not in	the possession of th	ne organizatio	on that a	are held a	nd admir	nistered for	the			
	organization by:								Y	es	No
	(i) unrelated organizations								3a(i)	X	
	(ii) related organizations								3a(ii)		Х
b	If "Yes" to 3a(ii), are the related or								3b		
4	Describe in Part XIII the intended u		tion's endowr	ment fund	ds.						
Par	t VI Land, Buildings, and Equ	ipment.	o" to Corm (000 Do	rt IV / line	110 0	o Form O		V line (10	
	Complete if the organiza Description of property	(a) Cost or			other basis	1	cumulated		l A, III e i) Book valu		
		(inves		(oth			eciation	(y Book valu	0	
	Land										
b	Buildings										
C	Leasehold improvements				96,314.		41,643.			4,67	
d	Equipment			1,14	41,552.		23,670.			7,88	
	Other		- 000 D ()(3,738.					3,73	
Iota	I. Add lines 1a through 1e. (Column	(a) must equal Forn	n 990, Part X,	coiumn	(B), line 1	U(C).)		. .		6,29	
								Sched	ule D (Forn	n 990)	2014

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Schedule D ((Form 990) 2014			Page
Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on:
(1) Financi	ial derivatives			
	/-held equity interests			
(3) Other_				
(A)				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
$-\frac{(F)}{(C)}$				
<u>(G)</u> (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" to Form 990	Part IV. line 11d. See Form 990.	Part X. line 15.
	· · ·	scription	, ,	(b) Book value
(1)		p		(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	••••••••••••••••••••••••••••••••••••••	
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" to Form 990	, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	le la	
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII JSA 4E1270 1.000

(8)

KANSAS	CITY	SYMPHONY
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Schedu	e D (Form 990) 2014				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part IV			n.	
1	Total revenue, gains, and other support per audited financial statements			1	18,580,038.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	533,995.		
b	Donated services and use of facilities	2b	150,300.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	955,722.		
е	Add lines 2a through 2d			2e	1,640,017.
3	Subtract line 2e from line 1			3	16,940,021.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,163.		
b	Other (Describe in Part XIII.)	4b			47 1 60
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	• • •		4c	47,163.
5 Dort					16,987,184.
Part	Complete if the organization answered "Yes" to Form 990, Part IV			irn.	
1	Total expenses and losses per audited financial statements			1	16,563,897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	Donated services and use of facilities	2a	150,300.	-	
b	Prior year adjustments	2b		-	
С	Other losses	2c	055 700		
d	Other (Describe in Part XIII.)	2d	955,722.		1 100 000
e	Add lines 2a through 2d			2e	1,106,022.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	15,457,875.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4.	17 162		
a b		4a 4b	47,163.	-	
c	Other (Describe in Part XIII.) Add lines 4a and 4b	40		4c	47,163.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4C 5	15,505,038.
Part				5	10,000,000.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part I	V. lines 1b and 2b: Pa	art V. I	ine 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
SEE	PAGE 5				

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Page 5

KANSAS CITY SYMPHONY

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 37% OF OUR OPERATING REVENUE. OUR ANNUAL FUND RAISES 53% OF OUR BUDGET. ENDOWMENT FUNDS COVER THE REMAINING 10% OF THE SYMPHONY'S OPERATING BUDGET WHICH ALLOWS THE SYMPHONY TO HIRE AND RETAIN SKILLED PROFESSIONAL MUSICIANS.

SCHEDULE D, PART X, LINE 2

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

SCHEDULE D, PART XI, LINE 2D	
FUNDRAISING DIRECT EXPENSES	\$ 955 , 647
LOSS ON DISPOSAL OF FIXED ASSETS	75
TOTAL	\$ 955 , 722
SCHEDULE D, PART XII, LINE 2D	
FUNDRAISING DIRECT EXPENSES	\$ 955 , 647
LOSS ON DISPOSAL OF FIXED ASSETS	75
TOTAL	\$ 955,722

		Supplemental Info	ormation Regarding Fundraising or	OMB No. 1545-0047				
SCHEDULE G (Form 990 or 990-EZ)			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.					
. Depart	ment of the Treasury Revenue Service	Information about Scher	Attach to Form 990 or Form 990-EZ. mation about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name	of the organization			Employer identifica	tion number			
KANS	SAS CITY SYMP	HONY		43-129747	75			
Part		ng Activities. Complete in -EZ filers are not require	f the organization answered "Yes" to d to complete this part.	Form 990, Part IV, line	e 17.			
1	Indicate whether	the organization raised fund	ts through any of the following activities	. Check all that apply.				
а	X Mail solicitat	ions	e X Solicitation of non-gove	rnment grants				
b	X Internet and	email solicitations	f X Solicitation of governme	ent grants				
с	c X Phone solicitations g X Special fundraising events							
d	X In-person so	licitations						
2 a	•		greement with any individual (including o II) or entity in connection with profession		X Yes No			

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		custody or control of contributions?		custody or control of contributions?		custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No									
1												
BENNETT DIRECT	TELEFUNDRAI		Х	332,730.	136,408.	196,322.						
2												
3												
4												
5												
6												
7												
8												
9												
10												
Total				332,730.	136,408.	196,322.						

3 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.

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Schedule G (Form 990 or 990-EZ) 2014

Page 2

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 \$5,0	00.			
			(a) Event #1 SYMPHONY BALL	(b) Event #2 JEWEL BALL	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ē				(0.00.0)PC/	(*********	
Revenue	1	Gross receipts	914,164.	1,109,803.	330,412.	2,354,379.
R		Less: Contributions	707,509.	570,000.	186,400.	1,463,909.
	3	Gross income (line 1 minus line 2).	206,655.	539,803.	144,012.	890,470.
	4	Cash prizes				
	5	Noncash prizes	2,500.	500.		3,000
sasu	6	Rent/facility costs	5,783.	33,322.	11,895.	51,000
Direct Expenses	7	Food and beverages	98,020.	179,314.		277,334.
Direc	8	Entertainment	8,330.	118,297.		126,627
	9	Other direct expenses	94,071.	202,145.	201,470.	497,686.
	10	Direct expense summary. Add lines	through 9 in column (d))	►	955,647.
	11	Net income summary. Subtract line	0 from line 3, column (d)		-65 , 177.
Ра	rt I		anization answered "Y			rted more
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
es	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
irect E	4 Rent/facility costs				
D	5 Other direct expenses				
	6 Volunteer labor	Yes% No	Yes%	Yes%	
	8 Net gaming income summary. Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organizati				
a	Is the organization licensed to conduct g	aming activities in each	of these states?		Yes No

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2014

b If "No," explain:

KANSAS	CITY	SYMPHONY

	KANSAS CITY SYMPHONY	43-12974	75
Sched	ule G (Form 990 or 990-EZ) 2014		Page 3
11	Does the organization conduct 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 enti	ty	
	formed to administer charitable gaming?	L	Yes No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book		
	records:		
	Name		
	Address		
15 a	Does the organization have a contract with a third party from whom the organization receives	~ ~	
	revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the	
	amount of gaming revenue retained by the third party \blacktriangleright \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Coming monogor information:		
10	Gaming manager information:		
	Name 🕨		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to	
	retain the state gaming license?	[Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Par			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal information	tion
	(see instructions).		

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I	_	Grants ar	nd Other A	Grants and Other Assistance to Organizations,	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	°G	vernmer	nts, and In	Governments, and Individuals in the United States	n the United	d States		2014
		plete if the oi	ganization ans Att	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public
Department of the Ireasury Internal Revenue Service		tion about So	chedule I (Form	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	uctions is at wwv	v.irs.gov/form990.		Inspection
Name of the organization							Employer identification number	on number
KANSAS CITY SYMPHONY	MPHONY						43-1297475	
Part General	General Information on Grants and Assistance	d Assistance	0					
1 Does the organi	Does the organization maintain records to substantiate the	ubstantiate th		grants or assistar	ice, the grantees	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and $_{\scriptscriptstyle \Gamma}$	
the selection crit 2 Describe in Part	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ts or assistanc dures for mon	e? itoring the use c	of arant funds in the	United States.	•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	X Yes No
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Dort IV Jing 21 for any received more than \$5,000, Dort II on the durificated if additional analogies in acceled	omestic Orç	janizations an	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Ye	es" to Form 990,
	ille z I, iol ally lecipient u	ומרוברבואבת		ממו ר	ה מתקווכסובת וו ס	auditorial space is r	ובכתבת.	
1 (a) Name and or	(a) Name and address of organization or government	(q)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NELSON ATKIN MUSEUM OF ART	EUM OF ART							SUPPORT
4525 OAK	STREET KANSAS CITY, MO 64111	44-6012977	501(C) (3)	285,000.				OPERATIONS
(7)								
(3)								
(4)								
(5)								
(6)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total nur	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government	corganizations I	isted in the line 1 t	able			1.
3 Enter total nur	Enter total number of other organizations listed in the line 1 table	isted in the lir	ie 1 table					
For Paperwork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990	ions for Form 9	90.				Sch	Schedule I (Form 990) (2014)
JSA								

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KANSAS (Schedule I

43-1297475 Page 2

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

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 I (Form 990) (2014)

JSA

SCH	CHEDULE J Compensation Information							047
(For	m 990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest		എന	1/	
				isated Employees swered "Yes" on Form 990, Part IV, line 23		ZU	14	
Departn	nent of the Treasury		Attac	h to Form 990.		Open t		
Internal	Revenue Service	Information about Schedule J (Formation about Schedule J)	rm 9	90) and its instructions is at www.irs.gov/			ectio	n
	of the organization				Employer identification		er	
	SAS CITY S				43-1297	175		
Part	Question	s Regarding Compensation						
10	Chock the an	propriate box(es) if the organization pro	wide	and any of the following to or for a por	on listed in For	m 🗌	Yes	No
Ia		Section A, line 1a. Complete Part III to						
		ss or charter travel		Housing allowance or residence for				
		or companions		Payments for business use of perso	•			
		emnification and gross-up payments		Health or social club dues or initiation				
		onary spending account		Personal services (e.g., maid, chauff				
		shary spending account			eur, cherj			
b	If any of the or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	ie oi pens	ganization follow a written policy re ses described above? If "No." com	garding payme	nt to		
						1b	Х	
2	Did the orga	anization require substantiation prior	to	reimbursing or allowing expenses	incurred by a	all		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
	1a?		• •			. 2	X	
3		n, if any, of the following the filing organ						
		CEO/Executive Director. Check all the ization to establish compensation of th						
		isation committee	X	Written employment contract				
		dent compensation consultant	X	Compensation survey or study				
	·	00 of other organizations	X	Approval by the board or compensa	tion committee			
4		ar, did any person listed in Form 990, I	Part					
		or a related organization:			-			
а		verance payment or change-of-control p	-					X
b		or receive payment from, a suppleme						X
С		or receive payment from, an equity-ba				. <u>4c</u>		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
Only section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations must complete lines 5–9								
5	 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 							
5			me	ra, did the organization pay of accide a	arry			
а	compensation contingent on the revenues of: a The organization?							Х
b								X
	b Any related organization?							
6		isted in Form 990, Part VII, Section A,	line	1a, did the organization pay or accrue a	any			
	-	n contingent on the net earnings of:			5			
а	-	ion?				. 6a		Х
b	Any related o	rganization?				. 6b		Х
	If "Yes" to line	e 6a or 6b, describe in Part III.						
7	For persons	listed in Form 990, Part VII, Section	ηA,	line 1a, did the organization provi	de any non-fixe	ed		
		described in lines 5 and 6? If "Yes," de				. 7		Х
8	-	ounts reported in Form 990, Part VII, p			-			
		contract exception described in	-					
								Х
9		ne 8, did the organization also foll						
	Regulations s	ection 53.4958-6(c)?	• •			. 9		

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

Schedule J (Form 990) 2014

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Schedule J (Form 990) 2014

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.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Datirament and		(E) Total of columns	(E) Comparation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
FRANK BYRNE	Ξ	221,419.	25,000.	4,771.	6,718.	5,014.	262,922.	0
1 EXECUTIVE DIRECTOR			0	0	0	0	0	0
NOAH GELLER	Ξ	159,776.		48.	12,129.	10,908.	182,861.	0
2 CONCERTMASTER	(ii)	0		0	0	0	0	0
MICHAEL STERN	Ξ	62,428.		175.	0	23, 332.	85,935.	0
3 MUSIC DIRECTOR	(ii)	0		0	0	0	0	0
	Ξ							
4	(ii)							
	Ξ							
5	(ii)							
	(i)							
9	(ii)							
	Ξ							
7	(ii)							
	Ξ							
8	(ii)							
	Ξ							
6	(ii)							
	Ξ							
10	(ii)							
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	(i)							
15	(ii)							
	Ξ							
16	(ii)							
							Sche	Schedule J (Form 990) 2014

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SYMPHONY
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KANSAS

Schedule J (Form 990) 2014
Part III 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.

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

MR. BYRNE RECIEVED A GROSSED UP MR. STERN RECEIVED A HOUSING ALLOWANCE. THESE AMOUNTS WERE INCLUDED IN THE INDIVIDUALS' 1099 OR W-2 AS PAYMENT.

TAXABLE COMPENSATION.

Schedule J (Form 990) 2014

JSA

1 (a) Name of disqualified person (c) Description of transaction (1) (c) Description of transaction Yr (1) (c) Description of transaction Yr (2) (c) Description of transaction Yr (3) (c) Description of transaction Yr (4) (c) Description of transaction Yr (5) (c) Description of transaction Yr (6) (c) Description of transaction Yr (7) (c) Description of transaction Yr (6) (c) Description of transaction Yr (7) (c) Description of transaction Yr (6) (c) Description of transaction (c) Description of transaction (6) (c) Description of transaction (c) Description of transaction (6) (c) Description of transaction (c) Description (6) (c) Description (c) Description (c) Description (7) Enter the amount of tax incurred by								Persons		.	OME	3 No. 1	545-00)47
Name of the organization Employer Identification number KANSAS_CITY_SYMPIONY 43-1297475 PartI Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (f) (3) (a) (b) Relationship between disqualified person and organization (c) Description of transaction (g) (4) (a) (b) Relationship between disqualified persons during the year under section 4958. (c) (c) (6) (c) (c) (c) (c) (c) Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (f) Balance due (g) Indetaul? (h) Approved (g) Wey organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) Indetaul? (h) Approved (g) aprecond (g) Indetaul? (h) Approved (g) Wey organization answered "Yes" on Form 990, Part V, line 26; or if the organization answered "Yes" on Form 990, Part V, line 26. (g) Indetaul? (h) Approved (g) Indetaul? (h)	Departme	nt of the Treasury		28b, or 280 ►Atta	c, or Form ach to For	990-EZ, Part V m 990 or Form	', line 38 990-EZ	8a or 40b.		28a,				с
EXAMSAS CITY SYMPHONY 43-1297475 PartI Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Fart IV, line 26 or 560, or Form 990-EZ, Part V, line 400. Image: section 4000 in transaction Image: section 4000 in transaction in the fact in transaction 4000 in the section 4000 in t			Information about	it Schedule L (F	orm 990 or	990-EZ) and its in	struction	ns is at www.irs.gov		i de náif				
Part II Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) (1) (c) Description of transaction (c) Description of transaction (d) (2) (c) Description of transaction (c) Description of transaction (c) Description of transaction (4) (c) Description of transaction (c) Description of transaction (c) Description of transaction (6) (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of tax incurred by the organization managers or disqualified persons during the year under section 4958. (c) Description of transaction (c) Description of transaction (a) Loans to and/or Form Interested Persons. Complete if the organization answered "Yes" on Form 990. Part IV, line 38a or Form 990. Part IV, line 26; or if the organization reported an amount on Form 990. Part IV, line 26; or if the organization reported an amount on Form 990. Part IV, line 27. (d) In detail? (h) Approved (c) by organization amount on Form 990. Part IV, line 27. (g) In detail? (h) Approved (c) by organization amount		Ū.	10111										er	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person on organization (b) Relationship between disqualified person and organization (c) Description of transaction (f) Y (1)											9/4/5)		
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(4) (5)														
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(6)														
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958														
under section 4958. > 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of loan (c) Original principal amount on Form 990, Part IV, line 26; or if the organization? (f) Balance due (g) In default? (h) Approved (l) W gapes committee? (a) Name of interested person (b) Relationship (c) Purpose of loan (d) Loan to reganization? (f) Balance due (g) In default? (h) Approved (l) W gapes committee? (1) To Form Yes No Yes No Yes Yes Yes (h) Yes Yes (h) Yes (h) Approved (l) W gapes committee? (1) To Form Yes No Yes No Yes Yes No Yes Yes <td></td>														
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or organization (e) Original principal amount (f) Balance due (g) In default? (h) Approved by grade or committee? (f) Weith organization (g) Relationship with organization (h) Person or organization (f) Balance due (g) In default? (h) Approved or committee? (f) grade or organization (g) Relationship with organization (g) Relationship (g)	ur 3 E	nder section 495	8											
with organization item from the organization principal amount mass of the organization by board or agree (1) Image: Ima	Part II	Complete if t	he organization a	inswered "Ye	es" on Fo			ine 38a or Form	990, Par	t IV, lir	ne 26;	or if tl	he	
(1)	(a) Na	me of interested perso			from the	principal ar		(f) Balance due	(g) In	default?	by bo	bard or		/ritten
(2)	(4)				To Fro	m			Yes	No	Yes	No	Yes	No
(3)										+				
(4) Image: state of the										+				
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(10) Image: Construction of the organization and the organization Image: Construction of the organization and the organization (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) Image: Construction of the organization (1) Image: Construction of the organization (1) Image: Construction of the organization (1) Image: Construction of the organization (3) Image: Construction of the organization Image: Construction of the organization Image: Construction of the organization (5) Image: Construction of the organization Image: Construction of the organization Image: Construction of the organization (6) Image: Construction of the organization Image: Construction of the organization										+				+
Total S 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 organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (4) (5) (6)	· /													
(1) (2) (3) (4) (4) (5) (6) (6) (7) <td>lotal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>/, line 2</td> <td>·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	lotal						/, line 2	·						
(2) (2) (2) (3) (2) (2) (4) (2) (2) (5) (2) (2) (6) (2) (2)	(a) Na	me of interested perso				nount of assistance	e	(d) Type of assistance	e	(e)) Purpo	se of as	sistanc	e
(3) (4) (5) (6) (6) (7)	(1)													
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	(5)													
(7)	(6)													
	(7)													
(8)	(8)													
(9)	(9)													
(10)	10)													

Page 2

Schedule L (Form 990 or 990-EZ) 2014

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	organiz	aring of zation's nues?
				Yes	No
(1) SEE SCHEDULE L, PART V					
(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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) \$253,745
- (D) THE KANSAS CITY SYMPHONY LEASES OFFICE SPACE FROM SOBEL

PROPERTIES, LLC.

- (E) NO
- (A) THAUMUS, INC.
- (B) MICHAEL STERN IS THE OWNER OF THAUMUS, INC. AND IS THE MUSIC DIRECTOR FOR KANSAS CITY SYMPHONY.
- (C) \$351,598
- (D) THAUMUS, INC. PROVIDES CONDUCTING SERVICES FOR KANSAS CITY SYMPHONY.
- (E) NO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public

Inspection

Department of the Treasury	
Internal Revenue Service	
	_

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

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number
43-1297475

Par	t I Types of Property			1	1	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determini noncash contribution an	
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household					
•	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	Х	12.	62,804.	SELLING PRICE	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution - Historic					
	structures					
14	Qualified conservation					
	contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(_JEWELRY)	Х	1.	47,590.	FMV	
26	Other ►(FLOWERS)	Х	1.	10,000.	FMV	
27	Other ►(FUR_COAT)	Х	1.	5,600.	FMV	
28	Other ►(CHINA)	Х	1.	7,391.	FMV	
29	Number of Forms 8283 received					
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	jement	29	
					Yes	s No
30a	During the year, did the organizat				-	
	28, that it must hold for at least th					
	to be used for exempt purposes for		olding period?		30a	X
	If "Yes," describe the arrangement in					
31	Does the organization have a	•		-		7
	contributions?					ζ
32a	Does the organization hire or use		•			V
	contributions?				32a	X
	If "Yes," describe in Part II.			and the formula () and ()		
33	If the organization did not report an	i amount in	column (c) for a type of pro	operty for which column (a) is checked,	
Eor P	describe in Part II. aperwork Reduction Act Notice, see the Insti	wations for F-	rm 000		Sabadula M (Farm 00	0) (204.4)
	aper work neuron Act Notice, see the moti	actions for FO			Schedule M (Form 99	v) (4014)

Page **2**

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE AMOUNTS IN THIS COLUMN REPRESENT THE NUMBER OF CONTRIBUTIONS DURING

THE YEAR.

Schedule M (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.



43-1297475

FORM 990, PART III, LINE 1

ITS MISSION IS TO PERFORM 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.

FORM 990, PART III, LINE 4A

THE SYMPHONY PERFORMED 65 CLASSICAL, POPS, CHAMBER ORCHESTRA, AND FAMILY CONCERTS FOR MORE THAN 108,000 PEOPLE IN HELZBERG HALL WITHIN THE KAUFFMAN CENTER FOR THE PERFORMING ARTS. AN ADDITIONAL 120 PERFORMANCES TOOK PLACE THAT INCLUDED THE FOLLOWING:

- 30 PERFORMANCES FOR MORE THAN 33,000 SCHOOL AGED CHILDREN K-12.
- 58 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 MURIEL I. KAUFFMAN WOMENS' HEART CENTER, OTHER NONPROFIT ORGANIZATIONS IN THE REGION.

- 9 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 15,000 PEOPLE
- 1 ORGAN RECITAL
- 6 FREE HAPPY HOUR CHAMBER MUSIC CONCERTS.

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 RECEIVED A QUALIFIED OPINION, BECAUSE THEY DO 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, 2015 AND 2014, 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.

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Page 2

FORM 990, PART VI, SECTION B, LINE 8B THE RETIREMENT COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ON MATTERS THAT RELATE TO THE 403(B) RETIREMENT PLAN. THE MINUTES OF THE RETIREMENT COMMITTEE ARE DOCUMENTED.

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

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

52489

Employer identification number 43-1297475

Page 2

IRS.

JSA 4E1228 1.000

FORM 990, PART VI, SECTION B, LINE 12C ONCE A YEAR, EVERY OFFICER, DIRECTOR AND KEY EMPLOYEE IS ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND TO COMPLETE A FORM DISCLOSING ANY POSSIBLE CONFLICT OF INTEREST.

1. DUTY TO DISCLOSE:

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

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

3. PROCEDURE FOR ADDRESSING THE CONFLICT OF INTEREST:

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

B. AFTER EXERCISING DUE DILIGENCE, THE INVESTIGATING PERSON OR COMMITTEESHALL REPORT HIS OR ITS FINDINGS TO THE BOARD AS TO WHETHER KCS CANOBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS FROM APERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.C. IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY ATTAINABLE UNDER

Schedule O (Form 990 or 990-EZ) 2014		Page 2
Name of the organization	Employer identification number	
KANSAS CITY SYMPHONY	43-1297475	

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, 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:

JSA 4E1228 1.000 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.

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

THE PRESIDENT OF THE BOARD CONDUCTS THE REVIEW OF THE EXECUTIVE DIRECTOR. HE POLLED THE BOARD OF DIRECTORS ON THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. COMPENSATION IS ALSO REVIEWED OF SALARY INFORMATION COLLECTED BY THE LEAGUE OF AMERICAN ORCHESTRAS, WHICH COLLECTS SALARY DATA ANNUALLY FOR SYMPHONY ORCHESTRAS ACROSS THE COUNTRY. A COMPENSATION STUDY WAS PERFORMED FOR THE EXECUTIVE DIRECTOR IN 2015.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

JSA

Form	990-T	Ex	empt Organiz			siness In der sectio			rn	ОМ	B No. 1545-0687
i onn		For cale	ndar year 2014 or other tax					· //	20 _15		2014
	ment of the Treasury Revenue Service		formation about Form 9							Open to	Public Inspection for
	Check box if	Do Do	not enter SSN numbers or Name of organization (ay be made publi me changed and s			1		o Public Inspection for 3) Organizations Only tification number
A	address changed					me changed and s		13.)			see instructions.)
B Exe	mpt under section	-	KANSAS CITY S	YMPHON.	Y						
	501(C)(3)	Print	Number, street, and room of			. box, see instruction	ons.		43-1	29747	5
	408(e) 220(e)	or Type									ness activity codes
	408A 530(a)	Type	1703 WYANDOTTI	E STREI	ΕT,	STE 200			(See in	nstructions.)	1
	529(a)		City or town, state or prov	ince, countr	y, and 2	ZIP or foreign posta	al code		1		
	k value of all assets	1	KANSAS CITY, I	MO 641	08						
at e	nd of year	F Gro	up exemption number (S	ee instruct	ions.)	•					
4	6,277,998.	G Che	ck organization type	X 501	(c) co	rporation	501(c	:) trust	401(a)	trust	Other trust
H De	scribe the organiz	zation's p	rimary unrelated business	s activity.	•	Al	TACHM	ENT 1			
I Du	ring the tax year,	was the	corporation a subsidiary	in an affili	iated g	roup or a parent	-subsidiary	controlled group	?		Yes X No
If '	Yes," enter the na	ame and	identifying number of the	parent co	rporati	on. 🕨					
J Th	e books are in car	e of 🕨	BARBARA TATE				Telephor	ne number 🕨	816-21	8-2610	C
Par	Unrelated	Trade of	or Business Income	•		(A) Inco	ome	(B) Expe	nses		(C) Net
1a	Gross receipts or	sales									
	Less returns and allowa			Balance 🕨	1c						
2	Cost of goods so	ld (Sched	ule A, line 7)		2						
3	Gross profit. Sub	tract line	2 from line 1c		3						
4a	Capital gain net i	ncome (a	ttach Schedule D)		4a						
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form	4797)	4b						
с	Capital loss dedu	ction for t	rusts		4c						
5			os and S corporations (attach		5						
6	Rent income (Sch	nedule C)			6						
7	Unrelated debt-fin	nanced in	come (Schedule E)		7						
8	Interest, annuities, roya	lties, and rer	nts from controlled organizations	(Schedule F)	8						
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization	(Schedule G)	9						
0	Exploited exempt	activity in	ncome (Schedule I)		10						
1	Advertising incon	ne (Sched	lule J)		11						
2	Other income (Se	ee instruc	tions; attach schedule)		12						
3	Total. Combine li	nes 3 thr	ough 12		13		0				
Par	t II Deductio	ns Not	Taken Elsewhere (S	See insti	ructio	ons for limita	tions on a	deductions.)	(Except	for cont	tributions,
	deduction	is must	be directly connect	ed with t	he u	nrelated busi	ness inco	ome.)			
14	Compensation of	officers,	directors, and trustees (Se	chedule K)					14		
5											
6											
7	Bad debts								17		
8											
9	Taxes and license	s							19		
0	Charitable contrib	outions (S	See instructions for limitat	ion rules)					20		
1	Depreciation (atta	ach Form	4562)				21				
22			on Schedule A and elsev						22b		
3	Depletion								23		
4			compensation plans								
5	Employee benefit	programs	8						25		
26	Excess exempt ex	penses (Schedule I)						26		
27	Excess readership	o costs (S	chedule J)						27		
8			chedule)								
9	Total deductions	. Add line	s 14 through 28						29		
80			le income before net								
31	Net operating los	s deducti	on (limited to the amoun	t on line 30	0)				31		
2			e income before specific								
3			ally \$1,000, but see line								
34			ble income. Subtract li								
	enter the smaller	of zero or	line 32	<u></u>		<u></u>		<u></u>	. 34		C
For P	aperwork Reduct	tion Act N	lotice, see instructions.							F	Form 990-T (2014
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(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number see instructions

		Enter mer sidentifying humber, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	KANSAS CITY SYMPHONY	43-1297475
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	1703 WYANDOTTE STREET	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	KANSAS CITY, MO 64108	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶BARBARA TATE, 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64105

Telephone No. 816 218-2610 FAX No.			
If the organization does not have an office or place of business in the United States, check this box			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		. If this is	
for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check the gr		and attach	
a list with the names and EINs of all members the extension is for.			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until 05/15, 20 16, to file the exempt organization return for the organization named a	JOVe	e. The extensio	n is
for the organization's return for:			
▶ calendar year 20 or			
▶ X tax year beginning07/01, 20 14 _, and ending06/30 ,	20	15 .	
	-		
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return	n		
Change in accounting period			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS			
(Electronic Federal Tax Payment System). See instructions.	3c	\$	0
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form		1.	ent
instructions.			

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

Form	990-T (20	014)	KANSAS CITY	SYMPHONY						43-1	297475	F	-age 2
Par	t III	Tax Computation											
35	Organ	izations Taxable as	Corporations. Se	e_instructio	ns f	or tax comp	utation. (Controlled gr	oup				
	membe	rs (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 \$	9,925,000 t	axabl	le income bra	ackets (in	that order):					
	(1) \$		(2) \$		(3) \$							
b	Enter o	rganization's share of: (1)	Additional 5% tax (no	t more than \$	511,7	50)	. \$						
		itional 3% tax (not more t											
с		tax on the amount on line								35c			
36	Trusts	Taxable at Trust				tax compu							
	the amo	ount on line 34 from:] Tax rate schedule c	or So	chedu	ule D (Form 10	41)			36			
37		ax. See instructions								37			
38	-	tive minimum tax								38			
39		Add lines 37 and 38 to line								39			
Par		Tax and Payment											
40 a	Foreigr	tax credit (corporations a	attach Form 1118; tru	sts attach For	m 11	16)	40a						
	-	credits (see instructions)				· · ·							
		Il business credit. Attach F											
d	Credit f	or prior year minimum tax	x (attach Form 8801 o	r 8827)			40d						
		redits. Add lines 40a throu								40e			
41		ct line 40e from line 39								41			
42		xes. Check if from: Form								42			
43	Total ta	ax. Add lines 41 and 42							[43			0
44 a	Paymer	nts: A 2013 overpayment	credited to 2014				44a						
		stimated tax payments											
		oosited with Form 8868											
		organizations: Tax paid o											
		withholding (see instructi					44e						
f	Credit f	for small employer health	insurance premiums (Attach Form 8	3941)	[44f						
		credits and payments:		439									
	F	orm 4136	Other_			Total 🕨	44g						
45	Total p	ayments. Add lines 44a th								45			
46		ted tax penalty (see instru							1 11	46			
47	Tax due	e. If line 45 is less than th	ne total of lines 43 an	d 46, enter an	nount	owed			▶[47			
48		yment. If line 45 is larger								48			
49	Enter th	e amount of line 48 you want:	Credited to 2015 est	imated tax 🕨				Refunde	d 🕨	49			
Par		Statements Rega											
1	At any	time during the 2014 cale	endar year, did the or	ganization ha	ave a	n interest in or	a signatu	re or other au	thority	over a	financial	Yes	No
	accoun	t (bank, securities, or othe	er) in a foreign country	? If YES, the	orgar	nization may h	ave to file l	FinCEN Form	114, R	eport c	of Foreign		
		nd Financial Accounts. If Y		-		• •							Х
2	During	the tax year, did the orga	inization receive a dist	tribution from	, or v	vas it the gran	tor of, or t	ransferor to, a	a foreig	n trust	?		Х
	If YES, s	see instructions for other f	forms the organization	may have to	file.								
3		he amount of tax-exempt i											
Sch	edule	A - Cost of Goods	Sold. Enter meth	od of invent	_								
1		ry at beginning of year	1		6	Inventory at				6			
2		ses	2		7			I. Subtract					
3		labor	3					er here and		_			
4 a		nal section 263A costs								7		No o	
_			4a		8			ection 263A				Yes	No
		· · · ·	4b					or acquired					37
5		Add lines 1 through 4b - nder penalties of perjury, I decla	5	io roturn includi		to the organiz		monto and to th		f my kn		holiof it	X
Ciar	0	orrect, and complete. Declaration o								пиу ки	owieuge allu i	Jellel, It	is true,
Sigr				1							IRS discuss		
Her		ignature of officer		Date		Title			_		preparer sh		No
		Print/Type preparer's name		Preparer's sig	anatur		Date				PTIN	3	
Paid		MICHAEL J ENGLE				-	5410		Check			8282	Д
Prep	arer	Firm's name BKD,									44-016		
Use	Only	Firm's address > 1201		E 1700					Phone		816 22		
			AS CITY, MO		46				THOME	10.	Form 9		
		141101	,									• (····/

JSA

Page 3

Form 990-T (2014)					
Schedule C - Rent Income (From Real Property	/ and Personal	Property	Leased With F	Real Property)

(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	d or accrue	d					
(a) From personal property (if the for personal property is more than 50%	han 10% but not	percenta	rom real and personal pro oge of rent for personal pro if the rent is based on pro	operty	y exceeds			nnected with the income o) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	T	Fotal						
(c) Total income. Add totals of c	() ()					(b) Total deduct Enter here and c Part I, line 6, colu	on page 1,	
here and on page 1, Part I, line 6 Schedule E - Unrelated D			o instructions)			Fart I, line 0, con	ипп (Б) 🕨	
Schedule E - Officiated D			,		3. D	eductions directly c	onnected w	ith or allocable to
1. Description of de	bt-financed property		 Gross income from allocable to debt-finance 			debt-finar	nced proper	ty
			property			t line depreciation h schedule)) Other deductions attach schedule)
(1)								
(2)								
(3)								
(4)	1							
 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	e to operty	6. Column 4 divided by column 5			ncome reportable 2 x column 6)		Ilocable deductions nn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals				.►	Part I, line	and on page 1, 7, column (A).	Enter h Part I,	nere and on page 1 line 7, column (B).
Total dividends-received deduct	tions included in colu	<u>1mn 8</u>	<u> </u>	<u></u>		<u> </u>		
Schedule F - Interest, An	nuities, Royalties					tions (see instri	uctions)	
1. Name of controlled organization	2. Employer identification numb	ber 3	empt Controlled Org . Net unrelated income loss) (see instructions)	4 . T	Zations otal of specifie ayments made	d 5. Part of colum included in the organization's gro	controlling	6. Deductions directly connected with incom in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations							
7. Taxable Income	8. Net unrelated i (loss) (see instruc		9. Total of specific payments made		inclu	art of column 9 that i ded in the controlling ization's gross incom	co	1. Deductions directly nnected with income in column 10
(1)						0		•
(2)								
(3)								
(4)								
					Ente	columns 5 and 10. here and on page 1, I, line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
Totals	<u></u>		<u></u>		.►			Form 990-T (201

		$\frac{1011501(C)(7)}{1001501(C)(7)}$		nization (see inst	uctions)	
1. Description of income	2. Amount of	income	3. Deductions directly connected		-asides schedule)	5. Total deduction and set-asides (col
1)	+		(attach schedule)			plus col. 4)
,						
2)	+					
3)						
4)	Entor here and					Enter here and on a
	Enter here and o Part I, line 9, co					Enter here and on part I, line 9, colum
otals			on Adventision In		- ()	
Schedule I - Exploited Exe		Jome, Other Th		see instruc	cuons)	
	2. Gross	3. Expenses	4. Net income (loss) from unrelated trade			7. Excess exer
	unrelated	directly connected with	or business (column	 Gross income from activity that 	 Expenses attributable to 	expenses (column 6 mir
1. Description of exploited activity	business income from trade or	production of	2 minus column 3). If a gain, compute	is not unrelated	column 5	column 5, but
	business	unrelated business income	cols. 5 through 7.	business income		more than column 4).
1)						
2)	+					
3)	+					
4)						
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,				Enter here ar on page 1,
	line 10, col. (A).	line 10, col. (B).				Part II, line 2
otals ▶						
chedule J - Advertising Ir						
Part I Income From Per	iodicals Report	ed on a Consol	idated Basis			
			4. Advertising			7. Excess reade
	2. Gross		gain or (loss) (col.			costs (column
1. Name of periodical	advertising	 Direct advertising costs 	2 minus col. 3). If	 Circulation income 	 Readership costs 	minus column 5
	income	auvertising COSIS	a gain, compute	moone	00315	not more tha
			cols. 5 through 7.			column 4).
)						
2)						
3)	+ +		-			
4)	+ +		-			
<i>,</i>	+					
otals (carry to Part II, line (5))	•					
Part II Income From Pe		ted on a Sena	rate Basis (For e	each periodical li	sted in Part	II, fill in colum
2 through 7 on a l	line-by-line basis	3.)				
	, , , , , , , , , , , , , , , , , , , ,	,	1			_
			 Advertising 			7. Excess reade
	9 0		agin or (leas) (!			
1. Name of periodical	2. Gross advertising	3. Direct	gain or (loss) (col. 2 minus col. 3) If	5. Circulation	6. Readership	``
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	2 minus col. 3). If	5. Circulation income	6. Readership costs	minus column 5
1. Name of periodical	advertising					minus column 5 not more tha
	advertising		2 minus col. 3). If a gain, compute			minus column 5 not more tha
1)	advertising		2 minus col. 3). If a gain, compute			minus column 5
) 2)	advertising		2 minus col. 3). If a gain, compute			minus column 5 not more tha
1) 2)	advertising		2 minus col. 3). If a gain, compute			minus column 5 not more tha
1) 2) 3) 4)	advertising income		2 minus col. 3). If a gain, compute			minus column 5 not more tha
1. Name of periodical 1) 2) 3) 4) fotals from Part I ▶	advertising income		2 minus col. 3). If a gain, compute			costs (column minus column 5 not more tha column 4).
1) 2) 3) 4)	advertising income	advertising costs	2 minus col. 3). If a gain, compute			minus column 5 not more tha column 4).
1) 2) 3) 4)	advertising income	advertising costs	2 minus col. 3). If a gain, compute			minus column 5 not more tha column 4).
1) 2) 3) 4) otals from Part I▶	advertising income	advertising costs	2 minus col. 3). If a gain, compute			minus column 5 not more tha column 4).
1) 2) 3) 4)	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income		minus column 5 not more tha column 4).
1) 2) 3) 4) otals from Part I	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income	costs	minus column 5 not more tha column 4).
1) 2) 3) 4) otals from Part I►	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income	costs	Enter here ar on page 1, Part II, line 2
1) 2) 3) 4) otals from Part I	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income	, 4. Compe	minus column 5 not more tha column 4).
1) 2) 3) 4) otals from Part I► otals, Part II (lines 1-5) Chedule K - Compensation 1. Name 1) ATCH 2	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income	, 4. Compo un	minus column 5 not more tha column 4).
1) 2) 3) 4) otals from Part I ▶ otals, Part II (lines 1-5) ▶ Schedule K - Compensation 1. Name 1) ATCH 2 2)	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income	costs	minus column 5 not more tha column 4).
1) 2) 3) 4) otals from Part I ▶ otals, Part II (lines 1-5) ▶ Schedule K - Compensatio 1. Name 1) ATCH 2 2) 3)	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income	costs	minus column 5 not more tha column 4).
1) 2) 3) 4) otals from Part I ▶ otals, Part II (lines 1-5) ▶ Schedule K - Compensatio 1. Name 1) ATCH 2 2) 3) 4)	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income in	costs	minus column 5 not more tha column 4).
1) 2) 3) 4) otals from Part I ▶ otals, Part II (lines 1-5) ▶ Schedule K - Compensatio 1. Name 1) ATCH 2 2) 3)	advertising income	Enter here and on page 1, Part I, line 11, col. (B).	2 minus col. 3). If a gain, compute cols. 5 through 7.	income in	costs	minus column 5 not more tha column 4).

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

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

NAME AND ADDRESS		TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
SHIRLEY B. HELZBERG 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR/CHAIR EMERITA	0	0
ROBERT A. KIPP 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR/VICE PRESIDENT	0	0
MICHAEL D. FIELDS 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR/VICE PRESIDENT	0	0
WILLIAM M. LYONS 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR/PRESIDENT	0	0
JOSHUA SOSLAND 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR/VICE PRESIDENT	0	0
WILLIAM B. TAYLOR 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR/SECRETARY/TREASURER	0	0
CHRISTINE GROSSMAN 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
DAVID SULLIVAN 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS		TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
CARY DECAMP 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
KELLI GLYNN 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
IRVINE HOCKADAY 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
MARYLOU TURNER 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
RICHARD MILLER 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
TERRY BASSHAM 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
URSULA TERRASI 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
ANN KAUFMANN BAUM 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR/VICE PRESIDENT	0	0

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS		TITLE_	BUSINESS <u>PERCENT</u>	COMPENSATION
JOHN EDGAR 1703 WYANDOTTE STREET, S STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
ELIZABETH SHELLHASE GRAY 1703 WYANDOTTE STREET, S STE 200 KANSAS CITY, MO 64108		DIRECTOR	0	0
VINCE CLARK 1703 WYANDOTTE STREET, S STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
SARAH ROWLAND 1703 WYANDOTTE STREET, S STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
ELENA LENCE TALLEY 1703 WYANDOTTE STREET, S STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0
BARBARA TATE 1703 WYANDOTTE STREET, S STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR BUSINESS OPERATIONS	0	0
FRANK BYRNE 1703 WYANDOTTE STREET, S STE 200 KANSAS CITY, MO 64108	STE 200	EXECUTIVE DIRECTOR	0	0
TOM BOWSER 1703 WYANDOTTE STREET, S STE 200 KANSAS CITY, MO 64108	STE 200	DIRECTOR	0	0

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS <u>PERCENT</u>	COMPENSATION
MARNY SHERMAN 1703 WYANDOTTE STREET, STE 200 STE 200 KANSAS CITY, MO 64108	DIRECTOR	0	0

TOTAL COMPENSATION

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0