KANSAS CITY SYMPHONY FORM 990 PUBLIC DISCLOSURE TAX YEAR 2019 Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

_ , ₂₀ _20

Employer identification number

43-1297475

year 2019, or fiscal year beginning $07/01$, 2019, and ending $06/30$	

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

► Go to www.irs.gov/Form8879EO for the latest information.

Department of the Treasury Name of exempt organization

Internal Revenue Service

KANSAS CITY SYMPHONY

Name and title of officer

DANIEL BECKLEY, EXECUTIVE DIRECTOR

For calendar

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u> 17397853.</u>
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize BKD, LLP	to enter my PIN	8 6 2 4 9 as my signature
ERO firm name		Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature	D	ate									
Part III Certification and Authentication											
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.		4	3	3	7	2	2	4	4 () 1	6
Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization ndicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) nformation for Authorized IRS <i>e-file</i> Providers for Business Returns.											
ERO's signature	Date	▶_									
ERO Must Retain This Form - See Ir Do Not Submit This Form to the IRS Unless		-	Do	Sc							
For Paperwork Reduction Act Notice, see back of form.	-						F	orm 8	3879)-EO	(2019)

Form	990

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

6 Q Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Serv	vice Information	n about Form 990 and its i	instructions	is at www.irs	s.gov/i	form990.		In	spection	on
A F	or th	e 201	9 calendar year, or tax year beg	jinning 07/	01, 2019 ,	and ending	g		06	5/30 ,20	20	
_			C Name of organization					D Employer id	entifi	cation num	ber	
B c	heck if ap	oplicable:	KANSAS CITY SYMPHONY									
	Addre		Doing Business As					43-1297	747!			
	-	e change	Number and street (or P.O. box if mail	is not delivered to street address	3)	Room/suite		E Telephone n	umbe	er		
_	-	-	1703 WYANDOTTE STREE	T. STE 200	, ,			(816) 47	1 – 1	100		
_	-	return	City or town, state or province, country	-				(010) 1,		1100		
	Amen		KANSAS CITY, MO 6410					G Gross receip	to ¢	1 7	800	,417.
	return Applic	n	F Name and address of principal officer:		137			H(a) Is this a gro				
	pendi	ng		DANIEL BECKLE		NO 641		subordinates			Yes	X No
			1703 WYANDOTTE STREE		AS CITY			H(b) Are all subord			Yes	No
<u> </u>		empt sta) (insert no.)	4947(a)(1) o	or 527	'	If "No," attac	ch a lis	st. (see instruc	tions)	
J		-	WWW.KCSYMPHONY.ORG					H(c) Group exem				
ĸ	Form of	of organ	nization: X Corporation Trust	Association Other		L Year of	formati	ion: 1983 M	State	of legal do	micile:	MO
Ρ	art I		mmary									
	1	Briefly	y describe the organization's mission	or most significant activities	: THE VI	SION OF	THE	KANSAS C	ITY	SYMPH	IONY	
e		IS 7	TO TRANSFORM HEARTS, M	INDS AND COMMUNIT	IES THR	ROUGH THE	E PO	WER OF				
Activities & Governance		SYM	PHONIC MUSIC.									
ern	2	Check	k this box	discontinued its operation	s or dispose	d of more that	 n 25%	of its net asset	. <u> </u>			
Š			per of voting members of the governir	•	•				3			32.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Numb	per of independent voting members o	f the governing body (Part )	/L line 1h)		• • • •		4			26.
es									5			359.
vit			number of individuals employed in ca									500.
Vcti	6	l otal i	number of volunteers (estimate if nece	essary)					6			
4			unrelated business revenue from Part						7a			0
	b	Net ur	nrelated business taxable income fror	n Form 990-T, line 34		<u></u>			7b			0
								Prior Year			ent Ye	
e	8	Contri	ibutions and grants (Part VIII, line 1h)			r FOR		8,659,24				,221
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			-		8,264,53	38.	5	,211	,799
e ve			tment income (Part VIII, column (A), li		PUBLIC IN	ISPECTION		2,026,60	)4.	2	,165	,033
œ	11	Other	revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)				-256,02	20.		20	,800
			revenue - add lines 8 through 11 (mu					18,694,37	70.	17	,397	,853
			s and similar amounts paid (Part IX, c					229,00	0.			0
			fits paid to or for members (Part IX, co						0.			0
			ies, other compensation, employee be					12,550,23	35.	12	,221	,124
Expenses			ssional fundraising fees (Part IX, colur					138,28				,488
ben	l b	Total	fundraising expenses (Part IX, column	$(D)$ line 25 $\mathbb{N}$	139 901			200720				7 100
Ě								6,510,50	12	5	334	,390
	17	Other	expenses (Part IX, column (A), lines	11a-11d, 11f-24e)		• • • • • • •		19,428,02				
			expenses. Add lines 13-17 (must equ					-733,65				,002
- 0	19	Reven	nue less expenses. Subtract line 18 fr	om line 12				,				,149
Net Assets or Fund Balances							-	ning of Current			of Yea	
sset	20		assets (Part X, line 16)					61,701,52				,369
d B B	21	Total I	liabilities (Part X, line 26)					5,555,89				,186
S ⁿ	22	Net as	ssets or fund balances. Subtract line	21 from line 20				56,145,63	31.	57	,391	,183
Pa	art II	Sig	gnature Block									
Un	der per	nalties c	of perjury, I declare that I have examined	this return, including accompa	nying schedu	les and statem	ients, a	nd to the best o	fmy	knowledge	and be	lief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other th	nan officer) is based on all inform	nation of whic	ch preparer has	s any kn	iowledge.				
Sign			Signature of officer					Date				
He	re											
			Type or print name and title									
			Type preparer's name	Preparer's signature		Date			<u> </u>	PTIN		
Paid	ł			i reparer s signature		Dale		Check	] "			
	parer	MTG	HAEL J ENGLE					self-employ		P00482		
	Only	Firm's	sname 🕨 BKD, LLP					Firm's EIN 🕨		016026		
	- · · · <b>·</b>	1			0016			-	916	-221-6	200	

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 🕨 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246

Phone no.

No

Form 990 (2019)

816-221-6300

X Yes

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification nu	mber (TIN	1)
print	KANSAS CITY SYMPHONY			43-129747	5	
<ul> <li>File by the</li> </ul>	Number, street, and room or suite no. If a P.O. bo	ox see instru	ctions	45 127747	5	
due date for	1703 WYANDOTTE STREET, STE 20	-				
filing your return. See	City, town or post office, state, and ZIP code. For		dress, see instructions.			
instructions.	KANSAS CITY, MO 64108	i a rereigir ac				
Enter the R	Return Code for the return that this application	is for (file	a separate application fo	or each return)		01
Application	1	Return	Application			Return
Is For		Code	Is For			Code
Form 990 o	or Form 990-EZ	01	Form 990-T (corporati	on)		07
Form 990-E	3L	02	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other tha	n individual)		09
Form 990-F	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
<ul> <li>If the org</li> <li>If this is for the who a list with the dist with the dist</li></ul>	tax year entered in line 1 is for less than 12 m Change in accounting period	business ir bur digit Gro if it is for pa ion is for. ntils for the org	bup Exemption Number (         art of the group, check t         05/17_, 20 2         ganization's return for:         9_, and ending         ck reason:       Initial return	GEN) his box	and; organiz 20 _20	this is attach ation return
	application is for Forms 990-BL, 990-PF, 9	90-T, 472	0, or 6069, enter the	tentative tax, less any		
nonre	fundable credits. See instructions.				3a \$	0.
<b>b</b> If this	s application is for Forms 990-PF, 990-T,	, 4720, o	r 6069, enter any re	fundable credits and		
estim	ated tax payments made. Include any prior yea	ar overpayr	nent allowed as a credit		3b \$	0.
c Balan	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	quired, by using EFTPS		
(Elect	ronic Federal Tax Payment System). See instru	uctions.			3c \$	0.
Caution: If y	ou are going to make an electronic funds withdrawa	al (direct deb	oit) with this Form 8868, se	e Form 8453-EO and Forn	n 8879-EC	) for payment
instructions.						
For Privacy	Act and Paperwork Reduction Act Notice see inst	ructions			Form 896	58 (Rev. 1-2020

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

Form 8868 (Rev. 1-2020)

KANSAS	CITY	SYMPHONY

-	n 990 (201	,			Page <b>2</b>
Pa	art III	Statement of Program Serv			v
1	Briefly d	escribe the organization's mis-	s a response or note to any line in this Part sion:		X
	•	CHEDULE O	501.		
2			gnificant program services during the yea		
	prior Fo	rm 990 or 990-EZ?			Yes X No
2		describe these new services of	n Schedule O. ting, or make significant changes in h	ow it conducts any progra	am
5					
		describe these changes on Sc			
4	expense	s. Section 501(c)(3) and 501	service accomplishments for each of it (c)(4) organizations are required to report, for each program service reported.		
4a	(Code:	) (Expenses \$	13,803,053. including grants of \$	) (Revenue \$	5,211,799. <b>)</b>
	SEE S	CHEDULE O			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: _	) (Expenses \$	including grants of \$	) (Revenue \$	)
	<u></u>				
4d		rogram services (Describe on S	-	<b>ŕ</b>	
10	(Expens	es \$ including ogram service expenses ►	grants of \$ ) (Revenue 13,803,053.	φ)	
JSA			±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form <b>990</b> (2019)
9E1	020 2.000 644	532 K922 5/13/2021	10:50:55 AM V 19-8.4F	0052489	PAGE 4

-	990 (2019)		F	Page 3
Part	IV Checklist of Required Schedules		Vaa	Ne
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ŭ	complete Schedule D, Part III	8		Х
9	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; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		х	
L	complete Schedule D, Part VI	11a	A	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.24		Х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		х	
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

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Part	V Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\frac{1}{2}$	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	258		
U U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		Х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled optity within the magning of section 512(b)(12)2 /f "Yes" complete Schedule P. Part V. line 2.	256		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	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	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
JSA	reportable gaming (gambling) winnings to prize winners?	Eorm	X 990	(2019)
9E1030	^{2.000} 644532 K922 5/13/2021 10:50:55 AM V 19-8.4F 0052489	1 0111		(2019) AGE 6

Form 990 (2019)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 359			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	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	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?			
	<b>Organizations that may receive deductible contributions under section 170(c).</b> 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	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	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			
40-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year  12b	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	lou		
h	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			
С	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? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form §	990 (2019) KANSAS CITY SYMPHONY 43-129	7475	F	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year $1a$ $32$		100	
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	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			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0	Х	
а	The governing body?	8a 01-	Δ	x
b	Each committee with authority to act on behalf of the governing body?	8b		
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	)	
0000		0000	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?	45-	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	21	x
b	Other officers or key employees of the organization	150		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
Ň	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?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{ m KS,MO,}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f intei	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record SARA LOHE, CFO 1703 WYANDOTTE STREET, STE 200 KANSAS CITY, MO 64108' 816-218-2610	s 🕨		
JSA 9E1042	2.000	Form	990	(2019)

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	anc
	Independent Co	ontra	actors								

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. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours			-		is both or/trust		compensation from the	compensation	of other
	per week (list any				-		, 	organization	from related organizations	compensation from the
	hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	below dotted line)	ustee	l trustee		ee	npensated				
(1) FRANKLIN BYRNE	50.00									
EXECUTIVE DIRECTOR	0.	x		x				308,207.	0.	7,757.
(2) DANIEL BECKLEY	50.00							50072071		
EXECUTIVE DIRECTOR	0.	x		x				182,031.	0.	15,017.
(3)ALEX SHAPIRO	40.00									
DIRECTOR OF DEVELOPMENT	0.	-				x		129,612.	0.	19,203.
(4) EMMA KAIL	40.00									
GENERAL MANAGER	0.					x		115,342.	0.	26,024.
(5) SUNHO KIM	30.00									
ASSISTANT CONCERTMASTER	0.					x		106,668.	0.	33,843.
(6) REBECCA MARTIN	40.00									
DIRECTOR OF ARTISTIC OPERATION	0.					X		110,663.	0.	19,930.
(7) JEFF BARKER	40.00									
DIRECTOR OF MARKETING	0.					X		108,468.	0.	15,460.
(8) SARA LOHE	40.00									
CHIEF FINANCIAL OFFICER	0.			Х				95,549.	0.	27,886.
(9) MICHAEL STERN	8.00									
MUSIC DIRECTOR	0.	Х						89,925.	0.	26,604.
(10) KRISTIN VELICER	30.00									
DIRECTOR	0.	Х						80,964.	0.	31,937.
(11) ^{TK} DEWITT	30.00									
DIRECTOR	0.	Х						76,668.	0.	31,154.
(12) ELENA LENCE TALLEY	30.00									
DIRECTOR	0.	Х						73,611.	0.	32,731.
(13) JOHN KLINGHAMMER	30.00	-								
DIRECTOR	0.	X						69,257.	0.	17,380.
(14) WILLIAM LYONS	1.00									
IMMEDIATE PAST BOARD CHAIR	0.	Х		Х				0.	0.	0.

Form 990 (2019)

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⁹E1041 2.000

Part VII Section A. Officers, Directors, Tru (A)	(B)			, (C				(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box, office	unles	Posi neck is pei	ition more rson	e than c is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other opensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	rom the ganizatio d related anizatior	n d
5) SHIRLEY BUSH HELZBERG	1.00											
CHAIR EMERITA	0.	Х						0.	0.			
6) TERRY BASSHAM	1.00											
VICE CHAIR	0.	Х		Х				0.	0.			
7) ANN KAUFMANN BAUM	1.00											
VICE CHAIR	0.	Х		Х				0.	0.			
8) MICHAEL D. FIELDS	1.00											
VICE CHAIR	0.	Х		Х				0.	0.			
9) PAT MCCOWN	1.00											
PRESIDENT & BOARD CHAIR	0.	Х		X				0.	0.			
0) LINDA GILL TAYLOR VICE CHAIR	1.00 0.	X		х				0.	0.			
1) WILLIAM B. TAYLOR	1.00											
SECRETARY/TREASURER/VICE CHAIR	0.	Х		X				0.	0.			
2) SPENCE HEDDENS	1.00											
DIRECTOR	0.	x						0.	0.			
3) KELLI GLYNN	1.00											
DIRECTOR	0.	x						0.	0.			
4) LIZ HJALMARSON	1.00											
DIRECTOR	0.	х						0.	0.			
5) IRVINE HOCKADAY JR.	1.00											
DIRECTOR	0.	х						0.	0.			
1b Sub-total								1,546,965.	0.		304,9	92
c Total from continuation sheets to Part VII, S	ection A	• • •			• •	• • •	5	0.	0.			
d Total (add lines 1b and 1c)	-				•••		•	1,546,965.	0.		304,9	92
2 Total number of individuals (including but not reportable compensation from the organization	limited to t			d at	ove	e) who	o re	ceived more than	\$100,000 of			
, , ,											Yes	N
3 Did the organization list any former offic	er directo	n or	tru	Ister	ρI		mn	lovee or highest	compensated			
employee on line 1a? If "Yes," complete Schedu										3		2
										-		
4 For any individual listed on line 1a, is the s			ле С	UIII	heu	salioi	n ai	complete Schedu				

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 Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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>(B)</b> Description of services	<b>(C)</b> Compensation
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 14	e listed above) who received	

	rt VII Section A. Officers, Directors, Tru		усп	ipio			anu i	ngi			<b>yees</b> (cc	minue		
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	neck ss pe d a d	ition more rson lirect	e than o is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	(E) Reporta compensati relate organiza	on from d tions	ar com	(F) stimated mount o other npensati	of ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	org an	rom the ganizatio Id relate anizatio	on d
6)	BEBE KEMPER HUNT	1.00	x						0.		0.			
27)		1.00							0.		0.			
8 ]	URSULA TERRASI	1.00	X						0.		0.			
	DIRECTOR	0.	Х						0.		0.			
9)	BERYL RAFF DIRECTOR	1.00	x						0.		0.			
0,	JIM REED	1.00							0.		0.			
_ :	DIRECTOR	0.	x						0.		0.			
1)	JOSHUA ROWLAND	1.00												
	DIRECTOR	0.	Х						0.		0.			
2)	KENT W. SUNDERLAND	1.00												
	DIRECTOR	0.	Х						0.		0.			
3)	ABIGAIL M. WENDEL	1.00							_					
-	DIRECTOR	0.	X						0.		0.			
4)	GENA M. WILLIAMS DIRECTOR	1.00	v						0					
<u> </u>	C. MICHEL MINOR	1.00	X						0.		0.			
	DIRECTOR	0.	x						0.		ο.			
6 '	DAN FROMM	1.00												
	DIRECTOR	0.	x						0.		0.			
1h	Sub-total								0.		0.			0
	Total from continuation sheets to Part VII, Se	ection A	• • •	• • •		• •	• • •							
	Total (add lines 1b and 1c)	-												
2	Total number of individuals (including but not li reportable compensation from the organization		hose		d ał	bove	e) who	o re	ceived more than	\$100,000	of			
													Yes	No
3	Did the organization list any former office	er, directo	r, or	tru	iste	e, I	kev e	mp	lovee, or highest	compens	ated			
	employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the s organization and related organizations gre	um of rep ater than	ortab \$15	le c 0,0	om 00?	pen If	satior "Yes	n ar ;," (	nd other compens complete Schedu	sation from <i>le J for</i>	the such			
	individual											4	X	
5	Did any person listed on line 1a receive or a for services rendered to the organization? If "Ye											5		X
Se	ction B. Independent Contractors													
00	Complete this table for your five highest comp													
1	compensation from the organization. Report co year.													

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 ►

Name and title       Average house set week litery       Position (box, unless person's both and on box, unless person's both and on programization reparatized trained to the set to person of the set of the set to person person of the set of the set to person of the set of the set of the set to person of the set of the set of the set to person of the set of the set of the set of the set to person of the set of	Part VII Section A. Officers, Directors, Tr		ey Enr	nplo			and I	lig		1	es (c	ontinue		
and with the sequencing of the sequ	(A) Name and title	hours per week (list any	box, office	unles	Pos heck ss pe d a d	ition more	is both or/trust	an tee)	compensation from	compensation related	n from	am (	ount of other	
37)       JAMES HEETER       1.00       x       0       0.         DESECTOR       0.       x       0       0.       0.         39)       DEAM RODENBOUGH       1.00       x       0       0.       0.         39)       DEAM RODENBOUGH       0.0.       x       0       0.       0.         30)       DEAM RODENBOUGH       0.0.       x       0       0.       0.         DIRECTOR       0.0.       x       0       0.       0.       0.         DIRECTOR       0.0.       x       0       0.       0.       0.         DIRECTOR       0.0.       x       0.0.       0.       0.       0.         DIRECTOR       0.0.       x       0.0.       0.       0.       0.		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			orga and	anizatio I relatec	ł
38) DEAN RODENBOOCH       1.00       x       0.0.0.         DIRECTOR       0.x       0.0.0.0.         DIRECTOR       0.x       0.0.0.0.         DIRECTOR       0.x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00												
DIRECTOR       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			X						0	-	0.			
39)       MARNY SHEEMAN       1.00       x       0.       0.       0.         DIRECTOR       0.       x       0.       0.       0.       0.         INCOMENTATION       0.       0.       0.       0.       0.       0.         INCOMENTATION       0.       0.       0.       0.       0.       0.         INCOMENTATION       0.       0.       0.       0.       0.       0.         International internation structure       0.       0.       0.       0.       0.       0.         International internation structure       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0		+	v						0		0			
DIRECTOR       0.       0.       0.       0.         2       Total from continuation sheets to Part VII, Section A       >       >       0.         2       Total mome of individual s(including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization P       9         3       Did the organization its any former officer, director, or trustee, key employee, or highest compensated individual for such individual for such individual for such individual induad indided organizations greater than \$150,000? If "%e									0	•	0.			
10 Sub-total   11 Sub-total   12 Total from continuation sheets to Part VII, Section A   12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 9   12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 9   13 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		+	x						0		0.			
10 Sub-total   11 Sub-total   12 Total from continuation sheets to Part VII, Section A   12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 9   12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 9   13 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														
10 Sub-total   11 Sub-total   12 Total from continuation sheets to Part VII, Section A   12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 9   12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 9   13 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														
C Total from continuation sheets to Part VII, Section A     d Total (add lines 1b and 1c)														
10 Sub-total   11 Sub-total   12 Total from continuation sheets to Part VII, Section A   12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 9   12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 9   13 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														
10 Sub-total       Image: Construction of the														
10 Sub-total       Image: Construction of the														
10 Sub-total       Image: Construction of the														
c Total from continuation sheets to Part VII, Section A <ul> <li>d Total (add lines 1b and 1c)</li> <li>d Total (add lines 1b and 1c)</li> <li>d Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization &gt; 9</li> </ul> Yes Nu           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 .         Yes Nu           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 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 X           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)           Name and business address         Description of services         Compensation	1b Sub-total							•	0.	•	0.			(
reportable compensation from the organization       9         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 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			hose	liste Ə	d al	bove	e) who	o re	eceived more than	\$100,000 of	F			
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the organization list any former offic	cer. directo	or. or	tru	uste	e.	kev e	emp	olovee. or hiahes	t compensa	ted		Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3		Х
individual.       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       X         Section B. Independent Contractors       5       X         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)         (A)       (B)       Compensation       Compensation       Compensation         (A)       (B)       Compensation       Compensation         (A)       (B)       C       Compensation         (A)       (B)       C       Compensation         (A)       (B)       (C)       Compensation         (A)       (B)       (C)       Compensation         (B)       (C)       Compensation       Compensation         (B)       (C)       Compensation       Compensation         (B)       (C)       (C)       Compensation         (C)       (C)       (C)       (C)         (C)       (C)       (C)       (C)         (C)	4 For any individual listed on line 1a, is the	sum of rep	oortab	ole c	com	per	satio	n a	nd other compens	sation from	the			
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       X         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)         Name and business address       Description of services       Compensation												4	x	
for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         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)         Name and business address       Description of services       Compensation												4		
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)         Name and business address       Description of services       Compensation	for services rendered to the organization? If "Y	es," comple	te Scl	hedu	ile J	for	such	per	rson		• •	5		Х
Name and business address     Description of services     Compensation	1 Complete this table for your five highest com compensation from the organization. Report of													
		dress								ervices	С		ation	
A Trial construction of the device of the standard and Production for the Product of the Product of the New York and the standard standard standard for the Product of the														_

Form 990 (2019	€)
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Statement of Revenue

Part VIII

		Check if Schedule O contains a respo	nse or note to any	y line in this Part V	/		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
វេ ប	1a	Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	36,816.				
ũể	c	Fundraising events 1c	1,242,098.				
fts.	d	Related organizations 1d					
ila	e	Government grants (contributions) 1e	94,877.				
Sin	f	All other contributions, gifts, grants,					
er (	·	and similar amounts not included above <b>1</b>	8,626,430.				
the	g	Noncash contributions included in	0,020,1301				
d dt	9	lines 1a-1f	\$ 275,443.				
аČ	h			10,000,221.			
			Business Code				
é	0.	TICKET SALES	711190	4,134,929.	4,134,929.		
ž	2a	PERFORMANCE FEES	711190	1,076,870.	1,076,870.		
Sei	b		/11150	1,070,070.	1,010,010.		
E S	C .						
Program Service Revenue	d						
2 2	e						
	f	All other program service revenue		5,211,799.			
	g	Total. Add lines 2a-2f		5,211,799.			
	3	Investment income (including dividends,	-	2,164,595.			2,164,595.
		other similar amounts)		2,104,393.			2,104,393.
	4	Income from investment of tax-exempt bond					
	5	Royalties	(ii) Personal	0.			
			(ii) Feisoliai				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>					
ue	b	Less: cost or other basis					
Revenue		and sales expenses 7b -378.	-60.				
Ś	c		. 60.				
	d	Net gain or (loss)	<u> </u>	438.			438
Other	8a	Gross income from fundraising					
0		events (not including \$1,242,098.					
		of contributions reported on line					
		1c). See Part IV, line 18	310,282.				
	b	Less: direct expenses	412,002.				
	c	Net income or (loss) from fundraising events	<u> ▶  </u>	-101,720.			-101,720
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities	<u>.</u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory		0.			
s			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	122,520.			122,520
ane	b						
ell; ÿVe							
Sc. Res	c d	All other revenue					
Σ	e	Total. Add lines 11a-11d	<b>.</b> .	122,520.			
	12	Total revenue. See instructions		17,397,853.	5,211,799.		2,185,833
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,		_,,

Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo				<u></u>
Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
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	1,166,678.	530,231.	636,447.	
6 Compensation not included above to disgualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	8,034,076.	6,709,880.	808,199.	515,99
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	656,815.	614,531.	21,880.	20,40
9 Other employee benefits	1,619,665.	1,454,695.	70,154.	94,81
0 Payroll taxes	743,890.	643,661.	57,720.	42,50
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	97,161.		97,161.	
-	53,326.		53,326.	
c Accounting	0.			
d Lobbying	148,488.			148,48
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column	1,309,038.	1,192,036.	77,364.	39,63
(A) amount, list line 11g expenses on Schedule O.)	737,976.	734,144.	,	3,83
2 Advertising and promotion	825,592.	540,927.	68,328.	216,33
3 Office expenses         4 Information technology	0.		,	
	0.			
,	337,146.		337,146.	
6 Occupancy	296,089.	262,908.	25,947.	7,23
		20272001	20,77171	.,20
8 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	12,736.		12,736.	
0 Interest	0.		12,750.	
1 Payments to affiliates	121,671.		121,671.	
2 Depreciation, depletion, and amortization	89,623.		89,623.	
3 Insurance	07,025.		0,023.	
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	041 E01	0/1 501		
aCONCERT PRODUCTION EXPENSE	941,591. 86,650.	941,591. 86,650.		
bBAD DEBT EXPENSE	326,739.	72,775.	241,454.	12,51
	99,052.	19,024.	41,892.	38,13
dDUES AND SUBSCRIPTIONS	33,052.	19,024.	71,072.	30,13
e All other expenses	17 704 000	12 002 052	2 761 040	1 1 2 0 0 0
<ul><li>5 Total functional expenses. Add lines 1 through 24e</li><li>6 Joint costs. Complete this line only if the</li></ul>	17,704,002.	13,803,053.	2,761,048.	1,139,90
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if				
	0			

0.

000

JSA

following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this P	art X	<u></u>	<u> </u>
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,200,427.	1	4,169,35
2	Savings and temporary cash investments.	6,297,421.	2	5,618,58
3	Pledges and grants receivable, net	5,775,034.	3	4,596,07
4	Accounts receivable, net	237,231.	4	149,50
5	Loans and other receivables from any current or former officer, director,		· †	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section $4958(f)(1)$ , and persons described in section $4958(c)(3)(B)$ .	0.	6	
2 7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	6,860.	8	8,94
9	Prepaid expenses and deferred charges	886,677.	9	905,27
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D <b>10a</b> 1,896,469.			
b	Less: accumulated depreciation <b>10b</b> 1,116,332.	762,420.	10c	780,13
11	Investments - publicly traded securities	46,535,458.	11	48,594,49
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	61,701,528.	16	64,822,36
17	Accounts payable and accrued expenses	1,786,707.	17	1,084,40
18	Grants payable	0.	18	
19	Deferred revenue	3,769,190.	19	3,994,58
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	
i 23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	2,352,20
26	Total liabilities. Add lines 17 through 25	5,555,897.	26	7,431,18
B	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	11,187,568.	27	11,149,88
28	Net assets with donor restrictions	44,958,063.	28	46,241,30
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
30	Retained earnings, endowment, accumulated income, or other funds		30	
31	Total net assets or fund balances	56,145,631.	32	57,391,18
33	Total liabilities and net assets/fund balances	61,701,528.	33	64,822,36

Form 99	0 (2019)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,7		
3	Revenue less expenses. Subtract line 2 from line 1	3			06,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		56,1		
5	Net unrealized gains (losses) on investments	5		1,5	51,7	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				~ ~ ~	
	32, column (B))	10		57,3	91,1	.83.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			•••		
	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No
1		valair				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiair	1 IN			
•				2a		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			Za		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both:	nplied	0			
	Separate basis Consolidated basis, or both.					
				2b	х	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audi			20		
	separate basis, consolidated basis, or both:	ieu u	ii a			
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	arciah	t of			
C	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	Apialli	UII			
30	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
Ja	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

Form **990** (2019)

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.

OMB No. 1545-0047

		evenue Service	<u> </u>	Go to www.irs.go	//Form990 for instructio	ons and t	he latest in	formation.	Inspection				
		he organization						Employer identif					
		S CITY SYM						43-12974					
	rt I			· ·	organizations must c			,					
	orga				is: (For lines 1 throug		•	,					
1					tion of churches desc								
2					. (Attach Schedule E	-							
3			-		rganization described								
4		hospital's nar	ne, city, and st	ate:	conjunction with a hos								
5		section 170(b	ganization operated for the benefit of a college or university owned or operated by a governmental unit described in n170(b)(1)(A)(iv). (Complete Part II.)										
6			•	•	rnmental unit describe		•						
7		-		-	-	pport fr	om a gov	ernmental unit or fro	om the general public				
				(1)(A)(vi). (Compl									
8					b)(1)(A)(vi). (Complete								
9		•		•	ed in section 170(b)(1		•	•					
		•	or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the na	ame, city, and state o	f the college or				
		university:											
10 11	X	receipts from support from acquired by the	activities rela gross investm he organizatio	ted to its exempt f ent income and u n after June 30, 1	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See <b>section 509</b> usively to test for publi	certain e able inco ( <b>a)(2).</b> (0	exceptions ome (less Complete	, and (2) no more tha section 511 tax) from Part III.)	in 331/3% of its				
12	$\square$	-	•	•					carry out the purposes				
-			•		•				See section 509(a)(3).				
									nes 12e, 12f, and 12g.				
2				-	, supervised, or contr			-	-				
а				-	regularly appoint or e	-		- · ·					
			-				ajonty of						
			-		e Part IV, Sections A								
b				-	ed or controlled in co								
			-		rganization vested in	the sam	e persons	s that control or mar	lage the supported				
		_ ~	. ,		, Sections A and C.								
С					ng organization opera				lly integrated with,				
			-		s). You must comple								
d			-	integrated. A supporting organization operated in connection with its supported organization(s)									
			-	tegrated. The organization generally must satisfy a distribution requirement and an attentiveness									
				-	omplete Part IV, Sect								
е			-		a written determinatio				II, Type III				
	_		0		ionally integrated sup		organizatio	on.					
t				•			• • • • •		•••••				
g					orted organization(s).				( ) .				
	(I) N	ame of supported	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
					above (see instructions))		ment?	instructions)	instructions)				
						Yes	No						
(A)													
(B)													
(C)													
(D)													
(E)	_												
Tota	al												
For I	Paper	work Reduction A	Act Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019				

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Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Dublic S 41

Sec	tion A. Public Support		_	_					
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<u></u>		nd, third, fourth,	, or fifth tax ye	ar as a section	501(c)(3) ►		
Sec	tion C. Computation of Public Sup	port Percenta	ige			1			
14	Public support percentage for 2019 (li						%		
15	Public support percentage from 2018	Schedule A, Pa	art II, line 14 💶			15	%		
16a	331/3% support test - 2019. If the or	-							
	box and stop here. The organization q								
b	331/3% support test - 2018. If the org								
	this box and <b>stop here.</b> The organizati			-					
17a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization					-	-		
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
h	5								
D	10%-facts-and-circumstances test - 2		-						
	15 is 10% or more, and if the orga Explain in Part VI how the organizati						-		
18	supported organization								
10	instructions								

### Schedule A (Form 990 or 990-EZ) 2019

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 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.)

	If the organization fails to qua			iow, please co		.)		
_	tion A. Public Support		(1) 05 (5		( )) 0 5 / 5			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e	<b>)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	13,231,761.	8,952,027.	7,910,629.	8,659,248.	8	8,758,123.	47,511,788.
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	6,409,088.	6,991,264.	7,341,310.	8,264,538.	ļ	5,211,799.	34,217,999.
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							0.
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							0.
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							0.
6	Total. Add lines 1 through 5	19,640,849.	15,943,291.	15,251,939.	16,923,786.	1:	3,969,922.	81,729,787.
	Amounts included on lines 1, 2, and 3	19701070191	10791072911	10/201/9091	10/020//001			01//25//071
<i>i</i> a	received from disqualified persons	3,344,666.	3,276,295.	3,222,603.	3,596,593.		3,432,144.	16,872,301.
h	Amounts included on lines 2 and 3	5,544,000.	5,210,295.	5,222,005.	3,390,393.		5,152,111.	10,072,501.
~	received from other than disqualified							
	persons that exceed the greater of \$5,000							0
	or 1% of the amount on line 13 for the year	2 244 555						0.
	Add lines 7a and 7b.	3,344,666.	3,276,295.	3,222,603.	3,596,593.		3,432,144.	16,872,301.
8	Public support. (Subtract line 7c from							
	line 6.)							64,857,486.
_	tion B. Total Support	() 00 (5	(1) 00 ( 0	() 00 (7	( )) 0.0 ( 0.0			(0 <b>T</b> )
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018		<b>)</b> 2019	(f) Total
9	Amounts from line 6	19,640,849.	15,943,291.	15,251,939.	16,923,786.	13	3,969,922.	81,729,787.
10 a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties, and income from similar							
	sources	1,755,136.	1,420,098.	1,008,741.	1,120,827.	2	2,164,595.	7,469,397.
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							0.
С	Add lines 10a and 10b	1,755,136.	1,420,098.	1,008,741.	1,120,827.	2	2,164,595.	7,469,397.
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							0.
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.) ATCH 1	74,937.	113,344.	58,072.	279,867.		122,520.	648,740.
13	<b>Total support.</b> (Add lines 9, 10c, 11,							
	and 12.)	21,470,922.	17,476,733.	16,318,752.	18,324,480.	10	6,257,037.	89,847,924.
14	First five years. If the Form 990 is for						1	
14	organization, check this box and <b>stop here</b> .	•						
Sec	tion C. Computation of Public Supp							
15	Public support percentage for 2019 (line 8,		•	mn (f))		15		72.19%
16		.,	-					72.36%
	Public support percentage from 2018 Sche					16	<u> </u>	12.30%
-	tion D. Computation of Investment							8.31%
17	Investment income percentage for 2019 (lir					17		
18	Investment income percentage from 2018 S					18		7.67%
19 a	331/3% support tests - 2019. If the or	ganization did n	ot check the bo	x on line 14, ar	nd line 15 is mo	ore that	an 331/3%,	
	17 is not more than 331/3%, check thi	s box and <b>stop</b>	<b>here.</b> The orga	inization qualifies	as a publicly	suppo	rted organiz	zation . 🕨 🛛 X
b	331/3% support tests - 2018. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is mo	re than 331.	/3 %, and
	line 18 is not more than 331/3%, check	this box and st	op here. The org	anization qualifie	es as a publicly	suppo	rted organiz	zation 🕨 📃
20	Private foundation. If the organization d	lid not check a	box on line 14	, 19a, or 19b,	check this box	and	see instruct	ions 🕨 📃
JSA 9E122	1 1.000							0 or 990-EZ) 2019
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43-1297475

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

43-1297475

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).
- **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 9a) 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 9a) 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.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b 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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10b Schedule A (Form 990 or 990-EZ) 2019

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	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	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 <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
			res	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 <b>Part VI</b> 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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 <b>Part VI</b> 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			
Ŭ	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	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 in	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. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
		1	Yes	No
2	Activities Test. Answer (a) and (b) below.			
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 <b>Part VI identify</b> 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			
	that these activities constituted substantially all of its activities.	2a		
-				
b	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
•	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
г.		Jd		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
	Schedule A (Form		000 E7	2010
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Schedule A (Form 990 or 990-EZ) 2019			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			
instructions. All other Type III non-functionally integrated supporting organiz	zations i	must complete Sectio	
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>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
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).

Part	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Supporting Organizat		Current Year
<u>Sect</u>	Amounts paid to supported organizations to accomplish ex	vompt purposos		Current fear
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity	inpr purposes of support	eu	
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets	ses of supported organi	20110115	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ŭ	(provide details in <b>Part VI</b> ). See instructions.	the organization is roop		
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			A (Form 990 or 990-EZ) 2

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# Schedule A (Form 990 or 990-EZ) 2019 Part VI Supplemental Infe

art VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	AT	TACHMENT 1								
SCHEDULE A, PART III - OTHER INCOME										
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL				
MISCELLANEOUS	74,937.	113,344.	58,072.	279,867.	122,520.	648,740.				
TOTALS	74,937.	113,344.	58,072.	279,867.	122,520.	648,740.				

## Schedule B

(10111 330, 330-LZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

KANSAS CITY SYMPHONY

43-1	297475	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 for 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2019)

Page <b>2</b>
Employer identification number
43-1297475

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$906,064.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$900,000.	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
3		\$500,000.	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
4		\$370,000.	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
5		\$305,000.	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
6		\$252,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I

(a)

No.

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(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contributior
	\$228,775.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contributior

43-1297475

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$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
9		\$169,436.	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
		\$162,054.	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
		\$155,766.	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
		\$106,842.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number
43-1297475

Part I C	ontributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$100,630.	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
		\$100,000.	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
		\$100,000.	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
<u>   16                                 </u>		\$84,035.	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>    17                                </u>		\$79,877.	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>   18                                 </u>		\$71,490.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$70,000.	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
20		\$70,000.	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
21		\$56,510.	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
22		\$52,118.	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
23		\$51,020.	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
24		\$50,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 43-1297475

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$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
26		\$37,764.	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
		\$36,071.	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 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		\$	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 X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 43-1297475	-
	Page 2 Employer identification number 43-1297475

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	
31		\$34,100.	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	
32		\$33,606.	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	
33		\$32,010.	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	
34		\$31,500.	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	
35		\$30,942.	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	
36		\$30,772.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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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	
37		\$	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	
38		\$	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	
39		\$30,000.	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	
40		\$30,000.	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	
		\$28,020.	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	
		\$27,733.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

43

(a)

No.

44

(a) No.

45

(a) No.

46

(a) No.

47

(a) No.

48

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	\$26,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$25,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$25,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)
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Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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> Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

Х

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

27,500.

Part I

(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
49		\$25,000. 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
50		\$25,000. 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		\$20,339. Person X Payroll X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
52		\$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
53		\$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
54		\$18,876. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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Employer identification number
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Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$18,800.	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		\$17,945.	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
57		\$17,750.	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
58		\$17,569.	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		\$17,101.	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		\$17,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number
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Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$16,302.	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
62		\$16,024.	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		\$15,831.	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		\$15,750.	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		\$15,656.	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
66		\$15,323.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

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Employer identification number 43-1297475

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$15,000.	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
68		\$15,000.	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
69		\$15,000.	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
70		\$15,000.	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
		\$14,010.	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
		\$13,144.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	\$12,140.	Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)

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Part I	<b>Contributors</b> (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,500.	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
74		\$12,350.	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
		\$12,180.	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
		\$12,160.	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
		\$12,140.	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
78		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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art I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$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
80		\$11,870.	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
81		\$11,632.	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
82		\$11,561.	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
83		\$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
84		\$11,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number
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Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$10,970.	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
86		\$10,750.	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
87		\$10,701.	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
88		\$10,640.	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
89		\$10,600.	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
90		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

(a)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
91		\$10,440.	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
92		\$10,408.	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		\$10,362.	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		\$10,336.	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		\$10,116.	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		\$10,088.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c)

(b)

(d)

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Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$10,040.	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		\$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
99		\$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
100		\$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
101		\$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
102		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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103		\$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
104		\$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
105		\$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
106		\$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
107		\$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
108		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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(d)

Type of contribution

(c)

**Total contributions** 

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Part I

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art I Co	ntributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$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
.10		\$9,981.	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
		\$9,864.	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
.12		\$9,762.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.13		\$9,720.	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
		\$9,493.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$9,482.	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		\$9,000.	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
117		\$9,000.	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
118		\$9,000.	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
119		\$9,000.	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
120		\$8,861.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
121		\$8,808.	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
122		\$8,529.	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
123		\$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
124		\$8,464.	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
125		\$8,280.	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
126		\$8,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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Part I

(a)

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No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>127</u>		\$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
128		\$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
129		\$7,650.	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
130		\$7,600.	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>131</u>		\$7,581.	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>132</u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

(c)

(d)

(a)

No.

133

(a) No.

134

(a) No.

135

(a) No.

136

(a) No.

137

(a) No.

138

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(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
	\$.	7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
	\$.	7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
	\$.	7,374.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
	\$.	7,316.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
	\$.	7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

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Page 2 number

Employer identification
43-1297475

(d)

Type of contribution

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Х

(c)

**Total contributions** 

\$

7,500.

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art I Contril	butors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$6,982.	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> </u>		\$6,758.	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>141</u>		\$6,711.	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
.42		\$6,668.	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> </u>		\$6,590.	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>144</u>		\$6,514.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
145		\$6,440.	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		\$6,389.	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		\$6,357.	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		\$6,338.	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		\$6,132.	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		\$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,080.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$6,066.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$6,050.	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
		\$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
155		\$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
156		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
157		\$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
<u>158</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
<u>159</u>		\$5,942	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
160		\$5,918	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
161		\$5,876	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
162		\$5,850	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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	
163		\$5,800.	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	
164		\$5,800.	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	
165		\$5,756.	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	
166		\$5,679.	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	
167		\$5,632.	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	
168		\$5,605.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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Part I

JSA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,603.	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_		\$5,600.	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
_171_		\$5,568.	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_		\$5,568.	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
		\$5,512.	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_		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number 43-1297475

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
175		\$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
176		\$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
177		\$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
178		\$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
179		\$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
180		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
181		\$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
182		\$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
183		\$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
184		\$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
185		\$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
186		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
187		\$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
188		\$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
189		\$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
190		\$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
191		\$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
192		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>193</u>		\$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
<u>194</u>		\$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
195 		\$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
196		\$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
197		\$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
198		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
199		\$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
200		\$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
201		\$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
202		\$ 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
203		\$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
204		\$ 5,452.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
205		\$ 5,404.	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
206		\$5,378.	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
207		\$5,360.	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
208		\$5,300.	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
209		\$5,288.	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
210		\$5,036.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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		\$\$,010.	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		\$\$,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		\$\$	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		\$\$,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	
		- \$\$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	
_216		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	eded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$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
218		\$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
219		\$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
220		\$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
221		\$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
222		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Page 2

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		
_223_		\$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		
_224		\$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		
225		\$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		
226		\$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		
_227_		\$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		
_228_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

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		\$_	5,000.	Payroll Noncash (Complete Part II noncash contrib	for utions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Fotal contributions	(d) Type of co	) ntribution
230		\$	5,000.	Person Payroll Noncash (Complete Part II noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4		(c) Fotal contributions	d) Type of co	
231		\$	5,000.	Person Payroll Noncash (Complete Part II noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4		(c) Fotal contributions	(d) Type of co	ntribution
232		\$	5,000.	Person Payroll Noncash (Complete Part II noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4		(c) Fotal contributions	(d) Type of co	
233		\$	5,000.	Person Payroll Noncash (Complete Part II noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4		(c) Fotal contributions	(d) Type of co	

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Person

(d)

Type of contribution

Х

(c)

**Total contributions** 

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Employer identification number

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(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		\$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
237		\$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
238		\$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
239		\$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
240		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
241		\$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
242		\$ 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
243		\$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
244		\$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
245		\$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
246		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(-)	<i>/</i> / \	4-2	( ))
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$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
248		\$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
		\$	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.)

Schedu	le B	(Form	990,	990-EZ,	or 99	90-F	PF) (2019)	
						_		

	Name of organization	KANSAS	CITY	SYMPHONY	
--	----------------------	--------	------	----------	--

Employer identification number 43–1297475

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITY		
1			
		906,064.	06/29/2020
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
51	PUBLICLY TRADED SECURITY		
		\$20,339.	04/24/2020
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
66	PUBLICLY TRADED SECURITY		
00			00/05/0010
		\$15,323.	09/05/2019
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
87	PUBLICLY TRADED SECURITY		
		\$10,701.	05/22/2020
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
96	PUBLICLY TRADED SECURITY		
		<b>\$</b> 10,088.	04/28/2020
		\$	01/20/2020
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
112	PUBLICLY TRADED SECURITY		
<u> </u>			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 99	90-EZ, or 990-PF) (2019)		Р	Page 3
Name of organization	KANSAS CITY	SYMPHONY	Employer identification number	
			43-1297475	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
152	PUBLICLY TRADED SECURITY		
		\$6,080.	05/27/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
153	PUBLICLY TRADED SECURITY		
		\$6,066.	05/27/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 4
Name of organization KANSAS CITY SYMPHONY	Employer identification number
	43-1297475
Part III Exclusively religious charitable etc. contributions to organizations described	in section $501(c)(7)$ (8) or

Part III	<b>Exclusively</b> religious, charitable, etc., contributions to organizations descent (10) that total more than \$1,000 for the year from any one contributor. If the following line entry. For organizations completing Part III, enter the total contributions of \$1,000 or less for the year. (Enter this information once. So Use duplicate copies of Part III if additional space is needed.			Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held	
Part I				(.,	
		(e) Trans	er of gift		
	Transferee's name, address, an	d ZIP + 4	Relat	ionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		er of gift	jift		
	Transferee's name, address, an	id ZIP + 4	Relat	ionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(a) Trana	ion of allt	·	
	<b>T</b>	(e) Trans			
	Transferee's name, address, an		Relat	ionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
				· · · · · · · · · · · · · · · · · · ·	
		er of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
				P	
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	

SCHEE	DULE D	
(Form	990)	

## **Supplemental Financial Statements**

OMB No. 1545-0047

	in 330)	-	the organization answered "Yes" on Form 990,	2h	2019
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ► Attach to Form 990.	20.	Open to Public
	rtment of the Treasury nal Revenue Service	► Go to www.irs.gov	Form990 for instructions and the latest inform	ation.	Inspection
	e of the organization	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Employer identification	
KAN	ISAS CITY SYME	PHONY		43-12974	75
Pa	rt I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
	-		(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at e	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 i	n donor advised	
	funds are the orga	anization's property, subject to the	e organization's exclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writing that grant fu	nds can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor, or for ar	y other purpose	
_	conferring imperm	nissible private benefit?			Yes No
Pa		tion Easements.			
		~	"Yes" on Form 990, Part IV, line 7.		
1		-	e organization (check all that apply).		
		n of land for public use (for example		-	portant land area
		of natural habitat	Preservation c	of a certified histo	oric structure
_		n of open space			
2			eld a qualified conservation contribution in		
		last day of the tax year.	-		End of the Tax Year
а				2a	
b	-	-		2b	
C			historic structure included in (a)	2c	
d			c) acquired after 7/25/06, and not on a	24	
2			noferred released extinguished or termin	2d	onization during the
3	tax year ►		nsferred, released, extinguished, or termir	lated by the org	anization during the
4			rvation easement is located ►		
5			garding the periodic monitoring, inspection		
Ŭ	•		sements it holds?		
6			ecting, handling of violations, and enforcing of		
•		hours devoted to monitoring, mop			nonto during the your
7		es incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nservation easen	nents during the vear
	▶\$	<b>3</b> , <b>1</b>	3,		<u> </u>
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the requirements of sectio	n 170(h)(4)(B)(i)	
	and section 170(h	)(4)(B)(ii)?			Yes No
9			conservation easements in its revenue and		nt and
			of the footnote to the organization's financia	al statements that	describes the
		counting for conservation easeme			
Pa			of Art, Historical Treasures, or Other	Similar Assets	
	•	v	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its revenue ts held for public exhibition, education, o to its financial statements that describes the	statement and l or research in fu ese items.	balance sheet works urtherance of public
b	If the organization art, historical treat	n elected, as permitted under Fa	ASB ASC 958, to report in its revenue sta Id for public exhibition, education, or rese	atement and bala	ance sheet works of
				▶ \$	i
2	• •		rt, historical treasures, or other similar a		
	•		ASB ASC 958 relating to these items:		5 / 1

а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990. Part X.	

For Pa	perwork Re	duction	Act Notice, see t	he Instructions for	or For	m 9	90.	
JSA 9E1268	1.000							
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KANSAS CITY SYMPHONY

43-1297475
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	KAN	SAS CI	I'I SIMP	HONY						43-125	1/4/5		
Schee													age <b>2</b>
Ра	rt III Organizations Maintainir	ng Colle	ctions of	Art, Histo	orical Tre	easure	s, or	Other	Similar A	Assets (d	continue	ed)	
3	Using the organization's acquisition	n, acces	sion, and o	other recor	rds, checł	k any c	of the	follow	ing that r	nake sigr	nificant ι	ise o	of its
	collection items (check all that apply	y):											
а	Public exhibition			d	Loan o	or exch	ange	prograi	n				
b	Scholarly research			e	Other								
с	Preservation for future gener	ations											
4			collections	and expla	ain how t	hey fu	rther	the or	ganization	s exempt	t purpos	e in	Part
				•		,			5				
5	During the year, did the organization	n solicit d	or receive o	donations of	of art. histo	orical tr	reasu	res. or o	other simil	ar			
										_	Yes		No
Pa						<u>-</u>							
				es" on For	m 990. F	Part IV.	line	9. or r	eported a	n amour	nt on Fo	rm	
						artr,		0, 01 1	oponou a	anioui			
1a			lian or othe	er intermer	hiary for c	ontribu	tions	or othe	r assets no	nt			
ia										,Γ	Vas	x	No
h	If "Ves " explain the arrangement in	Dort VII		olata tha fa	llowing tak		• • •	• • • •		• • • • L	103	- 21	
b	in res, explain the attangement in	Γαιι Λι	i anu comp		nowing la	JE.				Amount			
•	Paginning holonoo									Amount			
_													
_													
											N	37	
	•												
-		Part XII	I. Check h	ere if the e	xplanation	has be	en pi	ovided	on Part XII			-	
Pa							line a	10					
	Complete if the organization												
	-		-										
1a	Beginning of year balance												
b	Contributions	1,5	75,655.	2,31	1,751.	3,	159	,734.	5,93	6,181.	8,8	314,	255.
с	Net investment earnings, gains,												
	and losses	2,1	04,864.	2,90	4,473.	3,	166	,959.	4,02	2,534.	4	402,	609.
d	Grants or scholarships												
	-												
		1,7	68,450.	1,49	6,222.	1,	357	,568.	2,57	5,035.	1,9	919,	382.
f			55,674.	5	8,925.		60	,455.	11	0,617.		50,	603.
	•	47,0	33,983.	45,17	7,588.	41,	516	,511.	36,60	7,841.	29,3	34,	778.
•	2	of the cu	rrent vear	end halanc	e (line 1a	columr	າ (a))	held as					
a	Board designated or quasi-endowm	ent 🕨	13.0000	%	o (iii io 19,	oorann	. (u))		•				
b				_									
с													
			ould equal '	100%.									
3a					ation that	are hel	ld and	d admir	istered for	the			
• •											[	<b>Yes</b>	No
	5										3a(i)	Х	
													Х
h													
		-											
-			e organiza		wittent tu	103.							
ı a	Complete if the organiza	tion ans	wered "Y	es" on Fo	rm 990, l	Part IV	', line	11a. S	See Form	990, Pa	rt X, lin	e 10	
	Description of property		(a) Cost or	other basis	(b) Cost of	or other b		(c) Acc	cumulated				
4.0	Land		(inves	unent)	(0	mer)		aepr	eciation				
-		F											
a					6	20 //	<del>77</del>	<u>ہ</u>	11 151		20	ר דו	72
с	-	F											
Image: Section 11 and Section 2 of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization's acquisition, accession, and other records, check any of the following that make significant use of it collection items (check all that apply):         a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Paxill.         5       During the year, did the organization asswered free's on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         6       Text and a description reginalization answered free's on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         7       Is the organization anagement.       Yes       N         6       Pittives, explain the arrangement in Part XIII and complete the following table:       Yes       X         16       Id       Ted       Additions during the year.       Id       Id       Id       Id         7       Provide a namount on Form 990, Part X, line 21.       Yes       X       N         8       If 'res,' explain the arrangement in Part XIII and complete the following table:       Yes       X       N         8       If 'res,' explain the arangement in Part XIII.													
e				- 000 Di 1	V and a			-					
<u>i ota</u>	I. Add lines 1a through 1e. (Column	(a) must	equal Form	n 990, Part	x, columi	n (B), lii	ne 10	C.)	<u></u>	_			
										Sched	ule D (For	m 990	) 2019

JSA 9E1269 1.000 644532 K922 5/13/2021 10:50:55 AM V 19-8.4F

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Schedule D (Form 990) 2019			Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered			rt X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	lue
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(D) (E)			
(E) (F)			
(G)			
(U) (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11c. See Form 990, Par	rt X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	d "Yes" on Form 990 escription		rt X, line 15. (b) Book value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered line 25.			90, Part X,
	otion of liability		(b) Book value
(1) Federal income taxes			
(2) PPP LOAN			2,352,200.
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			2,352,200
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide the</li> </ol>		· · · · ·	
organization's liability for uncertain tax positions under FASB			
JSA 9E1270 1.000 644532 K922 5/13/2021 10:50:55 2	AM V 19-8.4F	<b>Schedu</b> 0052489	lle D (Form 990) 2019 PAGE 7

KANGAG	CTTV	SYMPHONY
VANSAS	CIII	SIMPHONI

Schedu	le D (Form 990) 2019		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	19,290,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1,892,853.
3	Subtract line 2e from line 1	3	17,397,853.
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		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	17,397,853.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	18,045,154.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	341,152.
3	Subtract line 2e from line 1	3	17,704,002.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	17,704,002.
Part	XIII Supplemental Information.	·I	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

Schedule D (Form 990) 2019

KANSAS CITY SYMPHONY

Part XIII Supplemental Information (continued)

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 30% OF OUR OPERATING REVENUE. OUR ANNUAL FUND & OTHER DONATIONS RAISE 53% OF OUR BUDGET. ENDOWMENT FUNDS COVER THE REMAINING 17% 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	\$ 341,212
LOSS ON DISPOSAL OF FIXED ASSETS	\$ (60)
TOTAL	\$ 341,152
SCHEDULE D, PART XII, LINE 2D	
FUNDRAISING DIRECT EXPENSES	\$ 341,212
LOSS ON DISPOSAL OF FIXED ASSETS	\$ (60)
TOTAL	\$ 341,152

Schedule D (Form 990) 2019

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	organization entered n	nore than \$1	5,000 on For	rm 990-EZ, line 6a.	9, or if the	2019
Department of the Treasury	Þ						Open to Public
		en e					
0	PHONY					43-1297475	
Sci. LOULE 0       Complete If the signification nerves of Yest 9 Form 990, Part IV line 17, 16, or 9, or If the organization entered to the 13 Stop on Form 990 FZ. Line 6a.       Image: Complete I file signification nerves of Yest, Line 6a.         Department of the Treasury Internal Revenue Service       Yest for 990 FZ. Line 6a.       Image: Complete I file signification nerves of Yest, Line 6a.       Image: Complete I file signification nerves of Yest, Line 6a.         Name of the organization       Form 990 FZ. Line 6a.       Employer identification nurves of Yest, Line 6a.       Image: Complete I file organization answered "Yest" on Form 990, Part IV, Line 17.         Part I       Fundicate whether the organization raised funds through any of the following activities. Check all that apply.       Image: Complete I file organization answered "Yest" on Form 990, Part IV, Line 17.         I       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Image: Complete I file organization answered "Yest" on Form 990, Part IV, Line 17.         I       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Image: Complete I file organization answered "Yest" on Form 990, Part IV, Line 17.         I       Indicate whether the organization answered "Yest" on form 990.       Solicitation of oorgon/ment grants       Image: Complete I file organization answered "Yest" on form 990.         I       Internet and email solicitations       Image: Complete I file organization form 990.       Image: Complete I file organi		7.					
		-					
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
	tions	е		itation of	non-government g	rants	
		f				6	
		g	X Spec	cial fundra	ising events		
							X Yes No
			(runaraioo				
		(ii) Activity	custody c	or control of		(or retained by) fundraiser listed in	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1							
	!T	TELEFUNDING		X	280,092.	148,488.	131,604.
2							
3							
4							
5							
0							
7							· · · · · · · · · · · · · · · · · · ·
8							
3							
10							
			1	<u> </u>			
				►			131,604.
		tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
registration or lic	ensing.						

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

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	dule G (Form 990 or 990-EZ) 2019	CITY SYMPHONY			-1297475 Page <b>2</b>					
Pa	rt II Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contribut								
		(a) Event #1 SYMPHONY BALL	(b) Event #2 CONCERT OF THE	(c) Other events	(d) Total events (add col. (a) through					
a)		(event type)	(event type)	(total number)	col. <b>(c)</b> )					
Revenue	1 Gross receipts	856,701.	637,648.	58,031.	1,552,380					
Ř	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus)</li></ul>	733,000.	498,768.	10,330.	1,242,098					
	line 2)	123,701.	138,880.	47,701.	310,282					
	4 Cash prizes									
	5 Noncash prizes									
nses	6 Rent/facility costs	44,095.	3,639.	4,349.	52,083					
Expe	7 Food and beverages	122,637.		6,050.	128,687					
Direct Expenses	8 Entertainment	27,054.	11,883.	1,894.	40,831					
	9 Other direct expenses	62,749.	96,607.	31,045.	190,401					
	10 Direct expense summary. Add lines 4 through 9 in column (d) 412,002									
	11 Net income summary. Subtract li	ne 10 from line 3, colu	umn (d)		-101,720					
Ра	rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	reported more than					
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Å	1 Gross revenue									
ses	2 Cash prizes									
Direct Expenses	3 Noncash prizes									
Direct	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteer labor	Yes %	9Yes% No	Yes% No						
	7 Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)							
	8 Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>.</b>						
9 a b			in each of these state	es?	Yes No					
10a b	Were any of the organization's gaming	g licenses revoked, sus			Yes No					

Schedule G (Form 990 or 990-EZ) 2019

KANSAS	CITY	SYMPHONY

	KANSAS CITY SYMPHONY	43-129	7475	
Sched	lule G (Form 990 or 990-EZ) 2019			Page <b>3</b>
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			
	formed to administer charitable gaming?		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 bool 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	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	5 1 5 51			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Par	<b>t IV</b> Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additic (see instructions).			

Schedule G (Form 990 or 990-EZ) 2019

SCH	SCHEDULE J Compensation Information						OMB No. 1545-0047				
(Fori	n <b>990</b> )	For certain Officers, Dire	ctors	s, Trustees, Key Employees, and Highest		വ	$\mathbb{D}$	0			
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						$\bigcirc$	J			
	nent of the Treasury	· · · • ►	Atta	ch to Form 990.		Oper					
	Revenue Service	Go to www.irs.gov/Forms	990 fo	or instructions and the latest information	Employer identifica		pec	tior	n –		
	of the organization SAS CITY S	VMDIIONV			43-12974		ber				
Part		is Regarding Compensation			43-129/4	75					
Fari	Question	is Regarding compensation					Y	es	No		
1a	Check the ap	propriate box(es) if the organization pro	ovide	d any of the following to or for a pers	son listed on Fo	rm					
		Section A, line 1a. Complete Part III to									
		ss or charter travel	X	Housing allowance or residence for	-						
		or companions		Payments for business use of perso	•						
		emnification and gross-up payments		Health or social club dues or initiati							
		onary spending account		Personal services (such as maid, ch							
				•							
b	If any of the	boxes on line 1a are checked, did the exempt or provision of all of the exempt of the		rganization follow a written policy re-	egarding payme	ent to					
						. 1	<b>b</b>	Х			
2		anization require substantiation prior				all					
	directors, trus	stees, and officers, including the CEC	)/Exe	ecutive Director, regarding the items	checked on li	ne					
	1a?					. 2		Х			
3		h, if any, of the following the organization									
		CEO/Executive Director. Check all the									
	<u> </u>	ization to establish compensation of th		· •	art III.						
		nsation committee	X	Written employment contract							
	· · ·	dent compensation consultant	X X	Compensation survey or study							
		90 of other organizations		Approval by the board or compensation							
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing						
а	Receive a sev	verance payment or change-of-control p	ayme	ent?		. 4	a 🗌		Х		
b	Participate in	, or receive payment from, a suppleme	ntal	nonqualified retirement plan?		. 4	<b>&gt;</b>		Х		
С	•	, or receive payment from, an equity-ba				. 4	:	_	X		
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	le the applicable amounts for each i	tem in Part III.						
_	-	501(c)(3), 501(c)(4), and 501(c)(29) of	-	-							
5	•	listed on Form 990, Part VII, Section contingent on the revenues of:	on /	A, line 1a, did the organization pa	ay or accrue a	iny					
а	-	ion?				. 5	a 🗌		Х		
b		rganization?							Х		
-		e 5a or 5b, describe in Part III.									
6		listed on Form 990, Part VII, Secti	ion /	A, line 1a, did the organization pa	ay or accrue a	iny					
	•	n contingent on the net earnings of:				-					
а	-	ion?				. 6	a 🗌		Х		
b	Any related o	rganization?				. 6	<b>b</b>		X		
	If "Yes" on lin	e 6a or 6b, describe in Part III.									
7		listed on Form 990, Part VII, Section									
		t described on lines 5 and 6? If "Yes," d				. 7		-+	Х		
8	-	ounts reported on Form 990, Part VII,	-		-						
		I contract exception described in	-								
-									X		
9		line 8, did the organization also fol									
	Regulations s	ection 53.4958-6(c)?				. 9					

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

# 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 on 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 aren't 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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(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 on prior Form 990
FRANKLIN BYRNE	(i)	206,127.	0.	102,080.	5,884.	1,873.	315,964.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
DANIEL BECKLEY	(i)	156,989.	0.	25,042.	0.	15,017.	197,048.	
2EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

JSA

Page 3

Schedule J (Form 990) 2019

### Part III Supplemental Information

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 I, LINE 1A

MR. STERN RECEIVED A HOUSING ALLOWANCE. ALL DIRECTORS THAT WERE

COMPENSATED RECEIVED A GROSSED UP PAYMENT. THESE AMOUNTS WERE

INCLUDED IN THE INDIVIDUALS' 1099 OR W-2 AS TAXABLE COMPENSATION.

SCHE		Tra	insactio	ns	With	n Interes	sted	Persons		1	OME	3 No. 1	545-00	)47	
	990 or 990-EZ) ►Co		rganization a 28b, or 28c	nswer , or Fo	ed "Ye orm 990		90, Par line 38a	rt IV, line 25a, 25b, a or 40b.	26, 27, 2	28a,		20' pen To	<b>19</b>	•	
	ent of the Treasury evenue Service	►Go to						latest information.				specti		6	
-	the organization				-				mployer	identif		-			سي
KANSA	S CITY SYMPHON	Υ							43-	1297	475				
Part I	Excess Benefit	Transactions	(section 501	(c)(3)	. secti	1000000000000000000000000000000000000	), and	501(c)(29) organ	izations	only).					—
								25a or 25b, or Fo				line 4	0b.		
1	(a) Name of disqualified	person	(b) Relatio		oetween organiz	disqualified pers ation	on and	(c) De	scription	of trans	action		-	l) Corri	rected?
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
<b>2</b> E	inter the amount of t	ax incurred b	y the organiz	zation	mana	igers or disq	ualifie	d persons during	the yea	ar					
	nder section 4958										►\$_				
3 E	inter the amount of ta	ax, if any, on li	ne 2, above,	reimb	oursed	by the orga	nizatio	n		🕨	►\$_				
Part II					_	000 F7 F		·		N / P	~~				
	organization rep							ine 38a or Form 9	90, Par	: IV, lir	ne 26;	or if th	ne		
	organization rep			330,	Fait	, iii e 5, 0, 0i	22.	1							
<b>(a)</b> Na	ame of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of Ioan			) Balance due (g) In defa		fault? (h) Approved (i) Writh by board or committee?							
				То	From				Yes	No	Yes	No	Yes	N	10
(1)					FIOII				105	NO	163		162		<u> </u>
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total								\$							
Part II	Grants or Assis	tance Benefit	ing Interest	ed Pe	rsons.										
	Complete if the o	organization a	inswered "Ye	es" or	n Form	990, Part IV	, line 2	27.							
<b>(a)</b> Na	ame of interested person		p between intere the organization		<b>:)</b> Amou	nt of assistance		(d) Type of assistance		(e)	) Purpos	se of as	sistanc	e	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
For Pap	erwork Reduction Act	Notice, see the	e Instructions	for Fo	orm 990	or 990-EZ.			Sche	edule L	. (Form	990 or	990-E	Z) 2	:019

Page 2

Schedule L (Form 990 or 990-EZ) 2019

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	organi	naring of ization's nues?
				Yes	No
(1) THAUMUS, INC.	SEE SCHEDULE L, PART V	411,794.	CONDUCTING SERVICES		
(2) SOBEL PROPERTIES, INC	SEE SCHEDULE L, PART V	284,109.	OFFICE LEASE		
(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) THAUMAS, INC.
- (B) MICHAEL STERN IS THE OWNER OF THAUMUS, INC. AND IS THE MUSIC

DIRECTOR FOR THE KANSAS CITY SYMPHONY.

- (C) \$411,794
- (D) THAUMUS, INC. PROVIDES CONDUCTING SERVICES FOR THE KANSAS CITY

SYMPHONY.

- (E) NO
- (A) SOBEL PROPERTIES, LLC
- (B) SHIRLEY HELZBERG IS GREATER THAN 35% OWNER OF SOBEL PROPERTIES, LLC AND A DIRECTOR OF THE KANSAS CITY SYMPHONY.
- (C) \$284,109
- (D) THE KANSAS CITY SYMPHONY LEASES OFFICE SPACE FROM SOBEL PROPERTIES,

LLC.

(E) NO

JSA

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 **Open to Public** Inspection

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Name of the organization

Employer identi	fication number
12-120	7475

KAN	SAS CITY SYMPHONY				43-1	297475			
Par	t I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line		Method of oncash cont	<b>(d)</b> f deter ributic	mininç on amo	g ounts
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		12.	182,75	7. FN	<u></u>			
9	Securities - Publicly traded		12.	102,75	/. FF	10			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
14	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
20	Taxidermy								
21	Historical artifacts								
22	Scientific specimens								
23 24	Archeological artifacts								
24 25	Other $\blacktriangleright$ ( <u>PARKING</u> )	x	3.	55,40	0. FN	/\\/			
25 26	Other $\blacktriangleright$ ( <u>HOTEL</u> )	X	3.	30,63					
20 27	Other ▶( FLORAL DESIGNS )		3.	6,60					
	Other $\blacktriangleright$ ( )								
			onization during the tax y	ar for contributions f					
29	Number of Forms 8283 received		• •						
	which the organization completed I	-01111 0203,	Part IV, Donee Acknowledg		. 23	<u></u>		Yes	No
202	During the year, did the organizat	ion receive	by contribution any propo	rty reported in Part I	lines 1	through		100	
<b>J</b> 0a	28, that it must hold for at least the					-			
	to be used for exempt purposes for	•				•	30a		X
h	If "Yes," describe the arrangement i						500		
	-		tance policy that require	on the review of a		etandard			
31	Does the organization have a						31	x	
22-	contributions? Does the organization hire or use	a third name	ion or rolated errorization	o to colicit process	or ool	nonacah	51		<u> </u>
s∠a							220		x
ь.	contributions?						32a		
	If "Yes," describe in Part II.	omount in -	olumn (a) for a time of the	north for which column	o (o) :c	abadrad			
33	If the organization didn't report an describe in Part II.	amount in C	column (c) for a type of pro	perty for which column	i (a) is	checkea,			

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

Schedule M (Form 990) 2019

Page 2

Part II Supplemental Information. 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) (2019)

# 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



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 3

DUE TO THE SOCIAL DISTANCING REQUIREMENTS, LIMITS ON THE SIZE OF GROUPS, AND FACE MASK REQUIREMENT KANSAS CITY SYMPHONY WAS UNABLE TO CARRY ON NORMAL BUSINESS OPERATIONS. CERTAIN INSTRUMENTS WITHIN THE ORCHESTRA CANNOT BE PLAYED WHILE WEARING A MASK. THE ORCHESTRA CANNOT BE SOCIALLY DISTANCED ON THE STAGE DUE TO SPACE LIMITATIONS. WE WERE UNABLE TO HOLD A CONCERT DUE TO THE GROUP SIZE RESTRICTIONS AND SOCIAL DISTANCING REQUIREMENTS. THIS CAUSED OUR VENUE TO SHUTDOWN. WE HAD TO CANCEL ALL SCHEDULED CONCERTS FROM 3/13/20-PRESENT. WE BEGAN TO LIVESTREAM DIGITAL CONCERTS IN JANUARY 2021 USING A LIMITED NUMBER OF MUSICIANS. EMPLOYEES

PAGE 86

BEGAN WORKING REMOTELY. ADDITIONAL COMPUTER EQUIPMENT WAS REQUIRED. ADDITIONALLY, WE PURCHASED A CUSTOM TRAILER THAT CONVERTS TO A STAGE AND BEGAN PERFORMING FREE CONCERTS THROUGHOUT THE KC METRO AREA USING SMALL ENSEMBLES OF MUSICIANS. PATRONS CAN SIT OUTSIDE, SOCIALLY DISTANCED. THIS WAS CONSIDERED NECESSARY TO MAINTAIN RELATIONS WITH DONORS AND PATRONS.

#### FORM 990, PART III, LINE 4A

THE SYMPHONY PERFORMED 89 CLASSICAL, POPS, CHAMBER ORCHESTRA, FAMILY AND SPECIAL CONCERTS FOR MORE THAN 165,000 PEOPLE IN HELZBERG HALL WITHIN THE KAUFFMAN CENTER FOR THE PERFORMING ARTS. ADDITIONAL SYMPHONY PERFORMANCES INCLUDED THE FOLLOWING:

- 30 PERFORMANCES OF VARIED EDUCATIONAL PROGRAMS FOR MORE THAN 40,000 K-12 SCHOOL CHILDREN AND TEACHERS.
- 12 PETITE PERFORMANCE PROGRAMS FOR CHILDREN AGED 0-5
- 56 PERFORMANCES IN SUPPORT OF THE PROGRAMS OF LYRIC OPERA OF KANSAS CITY AND THE KANSAS CITY BALLET.
- 3 PERFORMANCES IN SUPPORT OF TURN THE PAGE KC AND ADVENT HEALTH, OTHER NONPROFIT ORGANIZATIONS IN KANSAS CITY.
- 2 PERFORMANCES AT THE AMERICAN CHORAL DIRECTORS ASSOCIATION NATIONAL CONVENTION.
- 10 PERFORMANCES OF HANDEL'S MESSIAH & CHRISTMAS FESTIVAL, A POPS BASED HOLIDAY PROGRAM.
- 1 FREE PERFORMANCE ON MEMORIAL DAY WEEKEND WHICH WAS ATTENDED BY MORE THAN 50,000 PEOPLE
- 7 FREE HAPPY HOUR CHAMBER MUSIC CONCERTS.

THE SYMPHONY'S FREE COMMUNITY CONNECTIONS PRGRAM ENCOMPASSED 172

0052489

Page 2

CONCERTS/CLASSES/EVENTS SERVING MORE THAN 22,000 PEOPLE THROUGHOUT GREATER KANSAS CITY.

### FORM 990, PART VI, LINE 1A

THE FULL BOARD MEETS BI-MONTHLY, AND THE EXECUTIVE COMMITTEE MEETS MONTHLY OR MORE FREQUENTLY AS NECESSARY. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALFOF THE FULL BOARD IN THE MONTHS BETWEEN MEETINGS OF THE FULL BOARD. THE RETIREMENT COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THEGOVERNING BODY ON MATTERS THAT RELATE TO THE 403(B) RETIREMENT PLAN.

FORM 990, PART VI, SECTION A, LINE 8B THE EXECUTIVE COMMITTEE GIVES A REPORT OF ITS ACTIONS AT THE NEXT BOARD MEETING AND MINUTES ARE MAINTAINED OF BOARD MEETINGS.

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

THE ORGANIZATION'S CFO AND ACCOUNTING MANAGER GATHER THE INFORMATIONWHICH IS SENT TO AN INDEPENDENT ACCOUNTING FIRM FOR PREPARATION ANDREVIEW OF THE RETURN. THE RETURN IS THEN REVIEWED BY THE CFO, EXECUTIVE DIRECTOR AND THE BOARD TREASURER. ANY QUESTIONS OR CONCERNSOF THESE REVIEWERS ARE ADDRESSED WITH THE INDEPENDENT ACCOUNTING FIRM. ANY CHANGES OR CLARIFICATIONS THAT NEED TO BE INCORPORATED INTOTHE RETURN ARE MADE. ONCE THESE CHANGES ARE INCORPORATED, THE 990 ISTHEN REVIEWED BY THE FINANCE COMMITTEE AND ANY CHANGES ORCLARIFICATIONS REQUIRED SUBSEQUENT TO THAT REVIEW ARE INCORPORATEDINTO THE RETURN. THEN THE RETURN IS EMAILED TO THE ENTIRE VOTINGBOARD WITH INSTRUCTION TO CONTACT THE BOARD TREASURER WITH

JSA

ANYCONCERNS OR QUESTIONS THEY MAY HAVE. ANY CHANGES OR CLARIFICATIONS THAT NEED TO BE INCORPORATED IN THE RETURN ARE MADE AND THEN THERETURN IS FINALIZED AND EMAILED BACK TO THE BOARD PRIOR TO SUBMISSIONTO THE IRS.

#### 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 DIRECTOR OF THE BOARD. POSSIBLE CONFLICT OF INTEREST.

1. DUTY TO DISCLOSE:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLECONFLICT 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. PROCEDUREFOR 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 COMMITTEE SHALL REPORT HIS OR ITS FINDINGS TO THE BOARD AS TO WHETHER KCS CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS FROM A

.ISA

Page 2

Schedule O (Form 990 or 990-EZ) 2019 P					
Name of the organization	Employer identification number				
KANSAS CITY SYMPHONY	43-1297475				

PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. C. IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO KCS AND IF SUCH DECISION IS MADE, KCS MAY ENTER INTO THE TRANSACTION IN CONFORMITY WITH SUCH DETERMINATION. THE INTERESTED DIRECTOR SHALL NOT BE PRESENT FOR THE DISCUSSION OR VOTE.

4.VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:

A. IF THE BOARD OR MEMBER OF THE BOARD OR STAFF HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR, OFFICER, MEMBER OF A COMMITTEE, OR KEY EMPLOYEE PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERESTS. THEEXECUTIVE 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 ORCOMMITTEE 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

.ISA

DISMISSAL.

SECTION E RECORDS OF PROCEEDINGS:

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

 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.
 THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSION AND VOTING RELATING TO THE TRANSACTION OR ARRANGEMENT, A REASONABLE SUMMARY OF THE CONTENTOF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THERE WITH. THE VOTES CAST BY PARTICULAR INDIVIDUALS SHALL NOT BE RECORDED, ONLY THE TOTALS.

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FORM 990, PART VI, SECTION B, LINE 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 AND A THREE YEAR CONTRACT
WAS EXECUTED WITH FULL BOARD APPROVAL. IN 2019, THE FORMER EXECUTIVE
DIRECTOR RETIRED AND THE CURRENT EXECUTIVE DIRECTOR WAS HIRED. A
```

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization	Employer identification number				
KANSAS CITY SYMPHONY	43-1297475				

PROFESSIONAL SEARCH FIRM WAS ENGAGED TO FIND CANADIDATES AND ASSISTED IN

DETERMING THE COMPENSATION OF THE NEW EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

000	דזז תתאם	COMPENSATION			TITCIECT			
990,	PARI VII-	COMPENSALION	OF IHE	FIVE	HIGHEDI	PALD	LIND.	CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HARVEST PRODUCTIONS 1340 BURLINGTON NORTH KANSAS CITY, MO 64116	SOUND AND LIGHTING	431,167.
THAUMAS, INC-FBO M. STERN 3800 BALTIMORE #4N KANSAS CITY, MO 64111	CONDUCTING SERVICES	411,794.
HARVEST GRAPHICS 14625 W 100TH ST LENEXA, KS 66215	PRINTING	217,090.
KAUFFMAN CENTER FOR THE PERFORMING ARTS 1601 BROADWAY BLVD KANSAS CITY, MO 64108	FACILITY & CATERING	715,894.
BENNET DIRECT PO BOX 0015 MILWAUKEE, WI 53201	TELEFUNDING	190,742.

JSA

Form	990-T	Ex	cempt Organization (and proxy tax				rn	OMB No. 1545-0047
		For cale	ndar year 2019 or other tax year begin	ning _	07/01 , 2019, and	dending06/30,	20 <u>20</u> .	2019
•	ment of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions and the l	latest information.		
	al Revenue Service	► Do	not enter SSN numbers on this form a					Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed				me changed and see instr	ructions.)		over identification number ovees' trust, see instructions.)
	empt under section	Delint	KANSAS CITY SYMPHON					
X	501(C)(3)	Print or	Number, street, and room or suite no.	lf a P.O	. box, see instructions.			297475
	408(e) 220(e)	Туре		ĿФ	CTTE 200			ated business activity code structions.)
	408A 530(a)		1703 WYANDOTTE STRE					
C Boo	bk value of all assets	-	KANSAS CITY, MO 641					
at e	end of year	F Gro	up exemption number (See instruct		•			
(	54,822,369.		ck organization type 🕨 X 501	,		501(c) trust	401(a)	trust Other trust
H E	nter the number of		nization's unrelated trades or busine	. ,	·			(or first) unrelated
tra	ade or business her	re ▶			. If only	one, complete Parts	-V. If mor	e than one, describe the
fir	st in the blank spa	ice at the	e end of the previous sentence, co	mplete	Parts I and II, complet	te a Schedule M for ea	ch additio	nal
tra	ade or business, the	en comple	ete Parts III-V.					
I D	uring the tax year,	was the	corporation a subsidiary in an affil	iated g	roup or a parent-subsid	diary controlled group?		▶ Yes X No
			identifying number of the parent co	rporati				
			ARA LOHE, CFO			ephone number ► 81		
			or Business Income		(A) Income	(B) Exper	ises	(C) Net
1a	Gross receipts or s							
b	Less returns and allowa		C Balance ►					
2			ule A, line 7)	2				
3			2 from line 1c	3 4a				
4a b			ttach Schedule D) Part II, line 17) (attach Form 4797)	4a 4b				
c b	-		rusts	40 4c				
5			r an S corporation (attach statement)	5				
6				6				
7			come (Schedule E)	7				
8			ents from a controlled organization (Schedule F)	_				
9			1(c)(7), (9), or (17) organization (Schedule G)	9				
10			ncome (Schedule I)	10				
11			dule J)	11				
12			tions; attach schedule)	12				
13	Total. Combine li	nes 3 thr	ough 12	13		0.		
Par			Taken Elsewhere (See instant ne unrelated business incom		ons for limitations	on deductions.) (	Deducti	ons must be directly
14	Compensation of	officers,	directors, and trustees (Schedule K)				14	
15								
16								
17								
18	Interest (attach s	chedule)	(see instructions)				18	
19								
20	Depreciation (atta	ach Form	4562)					
21	Less depreciation	n claimed	on Schedule A and elsewhere on re	eturn	21a		21b	
22								
23			compensation plans					
24			s					
25			Schedule I)					
26			chedule J)					
27			schedule)					
28			s 14 through 27					
29			le income before net operating					
30			g loss arising in tax years beginning in tax years beginning	-				
31 For F			e income. Subtract line 30 from line Notice, see instructions.	÷∠9 _	<u></u>	<u></u>	31	Form <b>990-T</b> (2019)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)	)
Type or print					
•	KANSAS CITY SYMPHONY			43-1297475	
File by the due date for	Number, street, and room or suite no. If a P.O. bo		ctions.		
filing your	1703 WYANDOTTE STREET, STE 200				
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
	KANSAS CITY, MO 64108				
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	or each return)	07
Application		Return	Application		Return
Is For		Code	Is For		Code
Form 990 or	r Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form 990-B	L	02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other that	in individual)	09
Form 990-PI	=	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
<ul> <li>If the orga</li> <li>If this is for the whole</li> <li>a list with the</li> <li>1 I request for the</li> <li>\$\scale X\$</li> <li>2 If the tag</li> </ul>	e No. $\blacktriangleright$ 816 218-2610 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box $\blacktriangleright$ $\frown$ . If e names and TINs of all members the extension set an automatic 6-month extension of time un organization named above. The extension is calendar year 20 or tax year beginning 07/ ax year entered in line 1 is for less than 12 m	business ir ur digit Gro f it is for pa ion is for. ntil for the org	oup Exemption Number ( art of the group, check t 05/17_, 20_ ganization's return for:	(GEN) If this box ▶ and a 21, to file the exempt organiza 06/30_, 20_20	this is httach htion return
	change in accounting period				
	application is for Forms 990-BL, 990-PF, 9	90-1, 4720	D, or 6069, enter the		0
	undable credits. See instructions.	4700 -		3a \$	0.
	application is for Forms 990-PF, 990-T,				<u>^</u>
	ted tax payments made. Include any prior yea e due. Subtract line 3b from line 3a. Include				0.
	onic Federal Tax Payment System). See instru			duired, by using EFTPS	0.
	u are going to make an electronic funds withdrawa		it) with this Form 8868. se		
instructions.			,		paymont
	Act and Banerwork Reduction Act Notice, see inst	ructions		Eorm 886	8 (Pov 1 2020

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

Form 8868 (Rev. 1-2020)

orm 990- ⁻	T (2019) KANSAS CITY	SYMPHONY		43-12974	:75 Pa
Part III		le Income			
	al of unrelated business taxable income co		rades or businesses (	see	
inst	ructions)	· · · · · · · · · · · · · · · · · · ·		. 32	
	ounts paid for disallowed fringes				
4 Cha	aritable contributions (see instructions for limitation	rules)		34	
5 Tota	al unrelated business taxable income before	pre-2018 NOLs and specific	deduction. Subtract	line	
34 1	from the sum of lines 32 and 33			. 35	
	duction for net operating loss arising in				
inst	ructions)			36	
7 Tota	al of unrelated business taxable income before sp	ecific deduction. Subtract line 36	from line 35	. 37	
B Spe	ecific deduction (Generally \$1,000, but see line 38	instructions for exceptions)		. 38	
9 Unr	related business taxable income. Subtract line	e 38 from line 37. If line 38	3 is greater than line	37,	
ente	er the smaller of zero or line 37			39	
Part IV					
0 Org	anizations Taxable as Corporations. Multiply line	39 by 21% (0.21)		. 40	
1 Tru	sts Taxable at Trust Rates. See in	structions for tax comput	ation. Income tax	on	
the	amount on line 39 from: Tax rate schedule of	or Schedule D (Form 10	041)	.▶ 41	
2 Pro	xy tax. See instructions			. 42	
3 Alte	ernative minimum tax (trusts only)			43	
4 Tax	a on Noncompliant Facility Income. See instruction	s		. 44	
5 Tota	al. Add lines 42, 43, and 44 to line 40 or 41, whicl	hever applies		. 45	
Part V	Tax and Payments				
6a For	eign tax credit (corporations attach Form 1118; tru	usts attach Form 1116)	46a		
<b>b</b> Oth	er credits (see instructions)		46b		
	neral business credit. Attach Form 3800 (see instru	· · ·			
d Cre	dit for prior year minimum tax (attach Form 8801 c	or 8827)	46d		
e Tot	al credits. Add lines 46a through 46d			. 46e	
	otract line 46e from line 45				
8 Othe	er taxes. Check if from: Form 4255 Form 861	1 Form 8697 Form 886	66 Other (attach schedu	ule) <b>48</b>	
	al tax. Add lines 47 and 48 (see instructions)				
<b>0</b> 201	9 net 965 tax liability paid from Form 965-A or Fo	orm 965-B, Part II, column (k), line	3	50	
<b>1a</b> Pay	ments: A 2018 overpayment credited to 2019		51a		
	9 estimated tax payments	F			
	deposited with Form 8868	F			
	eign organizations: Tax paid or withheld at source (	F			
e Bac	kup withholding (see instructions)	••••••	51e		
f Cre	dit for small employer health insurance premiums	· · · · ·	51f		
g Oth	er credits, adjustments, and payments: Form 2	2439			
	_ Form 4136 Other _	Total ▶	51g		
2 Tot	al payments. Add lines 51a through 51g			. 52	
3 Esti	imated tax penalty (see instructions). Check if Forn	n 2220 is attached	🕨	53	
4 Tax	t due. If line 52 is less than the total of lines 49, 5	0, and 53, enter amount owed		. 54	
5 Ove	erpayment. If line 52 is larger than the total of line	es 49, 50, and 53, enter amount o	verpaid	. 55	
	er the amount of line 55 you want: Credited to 2020 es		Refunde		
Part VI	3 3				
	any time during the 2019 calendar year, did	-	-		
	r a financial account (bank, securities, or ot	, 0 ,	, 0	,	
FinC	CEN Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes,	," enter the name of	the foreign coun	
	e ►				
	ing the tax year, did the organization receive a dis		ntor of, or transferor to, a	foreign trust?	
	es," see instructions for other forms the organization				
9 Ent	er the amount of tax-exempt interest received or a			the base of the second	
	Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other than			the best of my knowle	eage and belief
ign				May the IRS dis	cuss this ret
lere		08/15/2020		with the prepare	r shown be
	Signature of officer	Date Title		(see instructions)? X	Yes
	Print/Type preparer's name	Preparer's signature	Date	Check if PTI	
aid			1		0482834
	MICHAEL J ENGLE				
aid repare Ise Onl	Firm's name BKD, LLP			Firm's EIN ► 44-0 Phone no. 816-22	0160260

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KANSAS CITY SYMPHONY

Form 990-T (2019)									Page 3
Schedule A - Cost of G	oods Sold. E	inter metho	d of invento	ry valuation	•				
1 Inventory at beginning of y	/ear <b>1</b>			6 Inventory	at end of yea	ar	6		
2 Purchases	2					ld. Subtract line			
3 Cost of labor				6 from lir	e 5. Enter	here and in Part			
4a Additional section 263A co	osts			I, line 2			7		
(attach schedule)	4a					section 263A (v	with respect to	Yes	No
<b>b</b> Other costs (attach schedu						or acquired for	•		
5 Total. Add lines 1 through	· · ·								Х
Schedule C - Rent Income	-	Property a	nd Person	al Property	Leased V	Vith Real Prope	rty)		
(see instructions)						•	• •		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent rece	eived or accru	ed						
(a) From personal property (if the	percentage of rent	(b) F	From real and p	ersonal property	(if the	3(a) Deductions d	lirectly connected with	the inco	ome
for personal property is more th	age of rent for	personal property	exceeds		(a) and 2(b) (attach scl				
more than 50%)	50% o	r if the rent is b	ased on profit or	income)					
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of c	olumns 2(a) and	2(b). Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6						Part I, line 6, colu			
Schedule E - Unrelated D			ee instructio	ns)					
			2 Gross in	come from or	3. [	Deductions directly co		ble to	
1. Description of del	ot-financed property			debt-financed	(a) Straid		nced property		
			pro	perty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)									
4. Amount of average	5. Average ad		6.0	olumn			8. Allocable de	ductions	
acquisition debt on or allocable to debt-financed	of or alloo debt-finance			ivided		income reportable n 2 x column 6)	(column 6 x total		
property (attach schedule)	(attach sc		by co	olumn 5	(colum		3(a) and 3	(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						e and on page 1,	Enter here and		
					Part I, lir	ne 7, column (A).	Part I, line 7, co	lumn (E	B).
Totals									
Total dividends-received deduct				<u></u>	. <u></u>	<u></u> <b>&gt;</b>			

Form 990-T (2019)

Form	990-T	(2019)
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KANSAS CITY SYMPHONY

43-1297475 Page **4** 

Schedule F – Interest, Ann	uities, Royalties	s, and Re	ents Fr	om Contro	lled O	rganizat	ions (se	e instruct	ions)	- 0 -	
				ontrolled Org			,		,		
1. Name of controlled organization	2. Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations	I									
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			3. Total of specified		includ				11. Deductions directly onnected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals Schedule G – Investment In						Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A).	En	dd columns 6 and 11. ter here and on page 1, ırt I, line 8, column (B).	
1. Description of income	2. Amount of income		<u>(c)(7),</u>	), (9), Or (17) Organi 3. Deductions directly connected (attach schedule)			4. Set-aside (attach schedu		<b>5.</b> Total deductions and set-asides (col. 3 plus col. 4)		
(1)				(attach sci	ieuuie)					pius coi. 4)	
(2)											
(3)											
(4)											
(	Enter here and on page 1, Part I, line 9, column (A).						Enter here and on page 1 Part I, line 9, column (B).				
Totals ► Schedule I-Exploited Exe	empt Activity Ind	come, Ot	her Th	an Adverti	sing Ir	ncome (:	see instru	ictions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte product unrela business	nses tly ed with ion of ited	4. Net incom from unrelat or business 2 minus col If a gain, c cols. 5 thro	ne (loss) ted trade (column lumn 3). ompute tet strade from ac busines		s income tivity that unrelated ss income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, c	Part I,					Enter here and on page 1, Part II, line 25.			
Schedule J-Advertising Ir	ncome (see instru	uctions)									
Part I Income From Per			Consol	idated Bas	sis						
1. Name of periodical	2. Gross advertising income	<b>3.</b> Dir advertisin	ect	4. Advert gain or (los 2 minus co a gain, co	tising ss) (col. bl. 3). If income			6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than	
				cols. 5 thro	-					column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

Form **990-T** (2019)

Form 990-1 (2019)	KANSAS (	LII SIMPHON	43-129/4/5 Page			
Part II Income From Per 2 through 7 on a			rate Basis (For e	each periodical	listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	4. Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Total. Enter here and on page 1, Part II, line 14 

Form **990-T** (2019)