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.
Information about Form 990 and its instructions is at *www.irs.gov/form*990

2021 Open to Public

OMB No. 1545-0047

		nue Service		about Form 990				<u> </u>	m990.		Inspection
A F	or th	e 2021 calendar year	, or tax year begi	nning	07/0	)1/2021	and endin				30/2022
R	heck if ap	C Name of organization	ation					D	Employer ide	entifica	ation number
<b>D</b> C	_	KANSAS CI	TY SYMPHONY								
	Addre chang	e Doing Business A							43-1297		
	Name	change Number and stre	eet (or P.O. box if mail is	not delivered to stre	et address)	) F	Room/suite	E	Telephone n	umber	
	Initial	return 1644 WYAN	DOTTE ST						(816)4	71-1	.100
	Term	nated City or town, star	te or province, country,	and ZIP or foreign p	ostal code						
	Amer returr		TY, MO 64108					G	Gross receip	ts \$	30,077,272
	Applie pendi	F Name and addre	ess of principal officer:	DANIEL H	BECKLE	Y		H(	<ul> <li>a) Is this a grou subordinates</li> </ul>		for Yes X
		1644 WYAND	OTTE ST, KAN	SAS CITY, N	MO 641	08		H(	<ul> <li>b) Are all subord</li> </ul>		luded? Yes I
I	Tax-ex	empt status: X 501(c)	)(3) 501(c) (	) ┥ (insert n	o.)	4947(a)(1) or	527	7	If "No," attac	h a list.	(see instructions)
J	Websi	te: 🕨 WWW.KCSYMP	HONY.ORG					H(	c) Group exem	otion nu	mber 🕨
к	Form	of organization: X Corpo	ration Trust	Association	Other 🕨		L Year of	formation	:1983 <b>M</b>	State c	of legal domicile: M(
Pa	art I	Summary		· · ·							
	1	Briefly describe the org	anization's mission o	or most significant	activities:	THE VI	SION OF	F THE	KANSAS (	CITY	SYMPHONY
e		IS TO TRANSFOR	M HEARTS, MI	NDS AND COM	MUNIT	IES THRO	DUGH TH	E POWE	R OF		
ano		SYMPHONIC MUSI	C.								
Governance	2	Check this box ▶	if the organization of	discontinued its o	perations	or disposed	of more that	in 25% of	its net assets	 3.	
ĝ	3	Number of voting memb	pers of the governing	g body (Part VI, line	e 1a)					3	
	4	Number of independent								4	-
tie	5	Total number of individu								5	22
Activities &	6	Total number of volunte								6	50
Ac	7a	Total unrelated busines		/III. column (C). lir	ne 12					7a	
		Net unrelated business								7b	NOI
								1	rior Year		Current Year
	8	Contributions and grants	(Part VIII, line 1h)		r			1	0,831,92	6.	13,417,188
nue	9	Program service revenue	e (Part VIII, line 2g)			COPY	FOR		1,900,01		6,646,298
Revenue	<ul> <li>9 Program service revenue (Part VIII, line 2g)</li> <li>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</li> </ul>								1,928,83		2,383,692
Ř	11	Other revenue (Part VII							94,61		1,794,076
	12	Total revenue - add line						1.	4,755,39		24,241,254
	13	Grants and similar amo								ONE	NON
	14	Benefits paid to or for m								ONE	NOI
6		Salaries, other compen-							9,363,05		11,912,128
Expenses	16a	Professional fundraising							161,39		125,304
per	h	Total fundraising expension							101,02		123,301
ш	17	Other expenses (Part I)							2,543,12	0	6,424,061
		Total expenses. Add lin							2,067,56		18,461,493
	19	Revenue less expenses	· ·						2,687,82		5,779,761
es or	10								g of Current Y		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line	16)					-	0,665,88		78,324,641
Ass Bal	21	Total liabilities (Part X, line							7,172,57		7,285,362
und	22	Net assets or fund bala							3,493,31		71,039,279
<u>г</u> ц Da	rt II	Signature Block	ices. Oubtract line 2					/.	5,175,51	· - •	11,000,210
		nalties of perjury, I declare		nis return, including	accompar	nvina schedule	es and statem	nents, and	to the best of	mv kr	nowledge and belief, it
		ct, and complete. Declaratio								,	iomoago ana bonon, n
Sig	n	Signature of officer							Date		
Hei											
		Type or print name a	and title								
		Print/Type preparer's nam		Preparer's signatu	ire		Date		Chask	if P	TIN
Paic	1							/2022	Check		
Prej	parer	MICHAEL J ENGL		MICHAEL J	тистр		05/04			1 -	00482834
Use	Only		/IS, LLP	1700 80800 6		106 0046			rm's EIN 🕨		-0160260
Max	thal	Firm's address RS discuss this return w	201 WALNUT, SUITE					Pł	none no.	81	6-221-6300
vidy	ine I	NO discuss this return w	in the preparer show	m above? (See INS	auucuons)						X Yes N

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

(Rev. January 2022)

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.

**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	structions.	T	Taxpayer identification number (TIN)			
print							
-	KANSAS CITY SYMPHONY	·		43-1297475	,		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
filing your	1644 WYANDOTTE ST	o foreiro od	draaa aaa inatrustiana				
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	aress, see instructions.				
	KANSAS CITY, MO 64108						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	each return)			01
Application		Return	Application				Return
Is For		Code	Is For				Code
Form 990 or	Form 990-EZ	01	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other than	individual)			09
Form 990-PF	=	04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above) 06 Form 8870							12
Form 990-T	(corporation)	07					
<ul> <li>If the orga</li> <li>If this is for the whole a list with the for the whole for the for the for the x</li> <li>2 If the ta C</li> </ul>	ax year entered in line 1 is for less than 12 m hange in accounting period	 business ir ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2021 nonths, chec	Fax No. ► the United States, check pup Exemption Number (Gl art of the group, check this 05/15 , 2023 ganization's return for: , and ending ck reason: Initial return	EN) s box	org	If th and att ganizati	nis is tach
nonrefu	application is for Forms 990-PF, 990-T, undable credits. See instructions.			-	3a	\$	NONE
	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior year		· · ·		3b	\$	NONE
c Balanc	e due. Subtract line 3b from line 3a. In	clude you	r payment with this for				
using E	FTPS (Electronic Federal Tax Payment Syster	n). See inst	ructions.		3c	\$	NONE
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, se	e Form 8453-TE and For	m 8	3879-TE	for payment
For Privacy A	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forn	n <b>8868</b>	(Rev. 1-2022

JSA

KANSAS	CITY	SYMPHONY

Part III       Statement of Program Service Accomplishments Check III Schedule O contains a response or note to any line in this Part III	For	m 990 (2021)	)				Page <b>2</b>
<ul> <li>1 Briefly describe the organization's mission:</li> <li>SSE SCHEDULE 0</li> <li>Did the organization undortake any significant program services during the year which were not listed on the prior Form 900 or 900-527,,,,,,,, .</li></ul>	Pa						
SEE SCHEDULE 0         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?.       Image: Construct on the services on Schedule 0.         3       Did the organization cause conducting, or make significant changes in how it conducts, any program services accomplations to changes on Schedule 0.       Image: Construct on the services on Schedule 0.         40       Describe the organization gram services accomplationants for each of its three largest program services, as measured by expenses. Section 50:1(3) and 50:1(4)(4) organizations are required to report the amount of grams and allocations to others, the total separates, and revenues if any, for each organization gram service separate.         40       (Code:	_				ny line in this Part III	<u></u>	<u> </u>
2       Did the organization undertate any significant program services during the year which were not listed on the prior Form 990 or 990-627	1	-	•	SSION:			
prior Form 1900 or 990-E27		SEE SC	HEDULE O				
prior Form 1900 or 990-E27							
prior Form 1900 or 990-E27							
If Yes," describe these new services on Schedule 0.  Sections 7	2	Did the o	rganization undertake any	significant program service	es during the year wh	ich were not listed on	the
If "Ves," describe these new services on Schedule 0. S Did the organization case conducting, or make significant changes in how it conducts, any program services?							
services?.							
It "Ves," describe these changes on Schedule O. 4 Describe the organizations program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses § <u>15,276,385</u> , including grants of § <u>MORE</u> ) (Revenue § <u>6,646,2266.</u> ) <u>SEE_SCHEDULE 0</u>  4b (Code:) (Expenses § including grants of §) (Revenue §)  4b (Code:) (Expenses § including grants of §) (Revenue §)  4c (Code:) (Expenses § including grants of §) (Revenue §)  4c (Code:) (Expenses § including grants of §) (Revenue §) 4d (Code:) (Expenses § including grants of §) (Revenue §)  4d (Code:) (Expenses § including grants of §) (Revenue §)  4d (Code:) (Expenses § including grants of §) (Revenue §) 4d Other program services (Describe on Schedule O.) (Expenses §) (Revenue §) 4d Other program services veparses > 15, 276, 385 . Form 990 (2021)	3		•		•		
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Sectors 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:) (Expenses \$including grants of \$) (Revenue \$) (Revenue \$)							. Yes X No
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:) (Expenses \$including grants of \$) (Revenue \$) SBE_SCHEDULE 0  4b (Code:) (Expenses \$including grants of \$) (Revenue \$)  4b (Code:) (Expenses \$including grants of \$) (Revenue \$)  4c (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d (Code:) (Expenses \$) (Revenue \$) (Revenue \$)  4d (Code:) (Expenses \$) (Revenue \$	4				a for oach of its thr	oo lorgost program o	anvious of mansured by
the total expenses, and revenue, if any, for each program service reported.  4a (Code:) (Expenses \$including grants of \$scanc.) (Revenue \$)	4						
4a (Code:) (Expenses \$						e amount of grante a	
SEE       SCHEDULE       0         4b       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4d       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4d       Other program services (Describe on Schedule O.) (Expenses \$including grants of \$) (Revenue \$)         4d       Total program services (Describe on Schedule O.) (Expenses \$) (Revenue \$)         4d       Total program services (Describe on Schedule O.) (Expenses \$			• • •		·		
SEE       SCHEDULE       0         4b       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4d       (Code:       ) (Expenses \$including grants of \$) (Revenue \$)         4d       Other program services (Describe on Schedule O.) (Expenses \$including grants of \$) (Revenue \$)         4d       Total program services (Describe on Schedule O.) (Expenses \$) (Revenue \$)         4d       Total program services (Describe on Schedule O.) (Expenses \$	4a	(Code:	) (Expenses \$	15,276,385. including gra	nts of \$	JONE ) (Revenue \$	6,646,298. )
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)				00		/、	/
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)	4b	(Code:	) (Expenses \$	including gra	nts of \$	) (Revenue \$	)
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)		(	, (++			/(	/
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)							
4d Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 15,276,385.         JSA IS1020         Form 990 (2021)	40	(Code:	) (Expenses \$	including ara	nts of \$	) (Revenue \$	
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)	40		) (Expenses \$	including gra	Πι3 ΟΙ Ψ		/
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)							
(Expenses \$ including grants of \$ ) (Revenue \$ )           4e Total program service expenses ▶ 15,276,385.           JSA 1E1020 1.000         Form 990 (2021)	اہ 4	Other are	gram convisoo (Deseribe er	Schodulo ()			
4e Total program service expenses ►         15,276,385.           JSA 1E1020 1.000         Form 990 (2021)	40	-			) (Rovonuo ¢	١	
JSA 1E1020 1.000 Form <b>990</b> (2021)	40					)	
	JSA			IJ, ZIV, JUJ.			Form <b>990</b> (2021)
	111		32 K922 <b>05/04/2023</b>	08:56:24 V21-7.15	0052489		

-	990 (2021)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
5	assessments, or similar amounts as defined in Rev. Proc. 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	<b>_</b>		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
Ū	complete Schedule D, Part III	8		x
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		x
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,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		Х
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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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		_	
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		X
	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		<u> </u>
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 12 /f "Yes " complete Schedule L Parts Land II	21		v
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		aan	X (2021)
1E1021	1.000	rom	220	(2021)

644532 K922 05/04/2023 08:56:24 V21-7.15 0052489

Form **990** (2021) **7** 

Form 9	990 (2021)		I	Page <b>4</b>
Part	IV 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	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	07		37
~~	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 the 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			
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- 21
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20		31		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 192 Note: All Form 990 filers are required to complete Schedule O	20	37	
Dort	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	L
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	•
			res	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
16.4	reportable gaming (gambling) winnings to prize winners?		X	
JSA 1E1030	1 000	Form	990	(202

JSA 1E1030 1.000

Form 990 (2021)

Page 5

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 227			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
40		4a		x
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	τa		
a	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).	E.e.		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	Ĺ
b	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			
	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
•				
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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		х
	If "Yes," see the 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		х
	If "Yes," complete Form 4720, Schedule O.	-		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		ĺ
	If "Yes," complete Form 6069.			
JSA		Eorm	000	(2021)

Form 9	00 (2021) KANSAS CITY SYMPHONY 43-129	7475	F	Page <b>6</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	<u>.                                    </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	r í	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
-	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ KS, MO,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	601(c)
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inter	rest p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record SARA LOHE, CFO 1644 WYANDOTTE ST KANSAS CITY, MO 64108	ds 🕨		
JSA 1E1042	816-218-2610	Form	990	(2021)
1 1042	1.000			

43-1297475

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

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

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

(A)	(B)				<b>C)</b> sition			(D)	(E)	(F)
Name and title	Average hours					e than o is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	office	er an	dao	lirect	tor/trus	tee)	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DANIEL BECKLEY	50.00									
CHIEF EXECUTIVE OFFICER	NONE	x		x				266,225.	NONE	28,278.
(2) ALEX SHAPIRO	40.00									
VICE PRESIDENT OF PHILANTHROPY	NONE					x		142,806.	NONE	17,534.
(3) SUNHO KIM	30.00							,		,
MUSICIAN	NONE	1				X		106,009.	NONE	33,445.
(4) SARA LOHE	40.00									
CHIEF FINANCIAL OFFICER	NONE	1		x				105,947.	NONE	25,582.
(5) JEFF BARKER	40.00									
VICE PRESIDENT OF MARKETING	NONE					X		106,180.	NONE	14,981.
(6) MICHAEL STERN	8.00									
MUSIC DIRECTOR	NONE	Х						89,632.	NONE	30,870.
(7) KRISTINA FULTON	30.00									
DIRECTOR	NONE	Х						89,256.	NONE	20,666.
(8) ELENA LENCE TALLEY	30.00									
DIRECTOR	NONE	Х						72,219.	NONE	30,047.
(9) KRISTIN VELICER	30.00									
DIRECTOR	NONE	Х						69,109.	NONE	29,747.
(10) PORTER HENDERSON III	30.00									
DIRECTOR	NONE	Х						72,054.	NONE	18,657.
(11) SHIRLEY BUSH HELZBERG	1.00	-								
CHAIR EMERITA	NONE	X		Х				NONE	NONE	NONE
(12) ABIGAIL M. WENDEL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) BEBE KEMPER HUNT	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) DAN FROMM	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form **990** (2021)

Form 990 (2021) Part VII Section A. Officers, Directors, Tr	wataoo Ka					and		haat Component	ad Employees (a	Page 8
, , ,		еу Еп	npic			and	HIG			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than o is both tor/trusi employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
( 15) DON DAGENAIS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
( 16) GENA M. WILLIAMS	1.00	4								
DIRECTOR	NONE	X	<u> </u>					NONE	NONE	NONE
( <u>17</u> ) JIM REED	1.00	-								
DIRECTOR	NONE	X	_					NONE	NONE	NONE
( 18) JOSHUA ROWLAND	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
( 19) KENNETH HAGER	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
( 20) KENT W. SUNDERLAND	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
( 21) LINDA GILL TAYLOR	1.00	-								
VICE CHAIR	NONE	X		Х				NONE	NONE	NONE
( 22) LIZ HJALMARSON	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
( 23) MARNY SHERMAN	1.00	_								
DIRECTOR	NONE	X						NONE	NONE	NONE
( 24) MICHAEL D. FIELDS	1.00	_								
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
( 25) MICHAEL GENTRY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
1b Sub-total								1,119,437.	NONE	249,807.
c Total from continuation sheets to Part VII, S							►	NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,119,437.	NONE	249,807.
2 Total number of individuals (including but not		hose	liste	d al	bov	e) wh	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	on 🕨					5				

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5
~		

#### Section B. Independent Contractors

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) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

JSA 1E1055 2.000

Yes No

Part VII Section A. Officers, Directors, Tru	ustees, Ke	ey En	nplo	bye	es,	and I	lig	hest Compensat	ed Employees	(continu	ied)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe d a c	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	om a	(F) Estimated amount c other mpensat	of
	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-MIS	C) or a	from the ganization nd relate ganizatio	e on ed
26) PAT MCCOWN PRESIDENT AND BOARD CHAIR	1.00 NONE	X		x				NONE	NO	NE		NON
27) ROBERT A. KIPP	1.00											
DIRECTOR	NONE	X						NONE	NO	NE		NON
28) SPENCE HEDDENS DIRECTOR	<u>1.00</u> 	X						NONE	NO	NE		NON
29) WILLIAM B. TAYLOR SECRETARY/TREASURER/VICE CHAIR	1.00 NONE	x		x				NONE	NO	<u>NE</u>		NON
	+	-										
		-										
		-										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-				· ·	· · ·						
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations groups and the second	sum of rep eater than	oortab \$15	ole o 50,0	com 00?	per P If	satio	n a s,"	nd other compens complete Schedu	sation from the le J for such			
<ul> <li><i>individual</i></li> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Ye</li> </ul>	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	4	X	X
Section B. Independent Contractors	es, comple		ieut		101	Such	per	30/1	<u></u>	J		
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>											<	
(A) SEE SCHEDULE O Name and business add	dress							<b>(B)</b> Description of se	ervices	(C Compe		
2 Total number of independent contractors (in more than \$100,000 in compensation from th				nite	d to	thos	se l	isted above) who	received			

JSA 1E1055 2.000

			<u>.</u>		(A) Total revenue	/III (B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
						function revenue	business revenue	from tax under sections 512-51
ts	1a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b	52,959.				
È.	с	Fundraising events	1c	1,103,697.				
	d	Related organizations	1d					
) iii	е	Government grants (contribution	ns)1e	3,969,252.				
Sin	f	All other contributions, gifts, gr	,					
-		and similar amounts not included a		8,291,280.				
ي ج	g	Noncash contributions included	l in					
σ	Ū	lines 1a-1f	1g	188,265.				
5 E	h	Total. Add lines 1a-1f			13,417,188.			
				Business Code				
8	2a	TICKET SALES		711190	5,769,348.	5,769,348.		
Revenue	za b	PERFORMANCE FEES		711190	876,950.	876,950.		
S Ž	D				,	,		
Š	C							
۳ <u>۳</u>	d							
2	е							
-	f	All other program service reven		6,646,298.				
-	g	Total. Add lines 2a-2f			0,040,298.			
	3	Investment income (including	<b>.</b> ,	·	2 201 007			2,381,097
		other similar amounts)			2,381,097.			2,381,097
	4	Income from investment of tax	•	•	NONE			
	5	Royalties	(i) Real	(ii) Personal	NONE			
			()	(II) Feisonai				
	6a	Gross rents 6a	1,500.					
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	1,500.	NONE				
	d	Net rental income or (loss)			1,500.			1,500
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	3,812,995.	2,010.				
e	b	Less: cost or other basis						
venue		and sales expenses 7b	3,812,410.	NONE				
	С	Gain or (loss) 7c	585.	2,010.				
Other Re	d	Net gain or (loss)	<u></u>	<u></u>	2,595.			2,595
ŧ	8a	Gross income from fund	draising					
o		events (not including \$1,10	03,697.					
		of contributions reported of	on line					
		1c). See Part IV, line 18		2,372,837.				
	b	Less: direct expenses		2,023,608.				
	c	Net income or (loss) from fund			349,229.			349,229
	9a		gaming					
		activities. See Part IV, line 19		NONE				
	b	Less: direct expenses		NONE				
		· · · · ·			NONE			
	10a	Gross sales of inventory	_					
		returns and allowances		NONE				
	h	Less: cost of goods sold		NONE				
	b C	Net income or (loss) from sales			NONE			
	-			Business Code				
Revenue	4.4	EMPLOYEE RETENTION CREDIT		900099	1,431,926.			1,431,926
ž	11a	MISCELLANOUS REVENUE		900099	11,421.			1,431,920
e e	b			200022	11,421.			11,421
88	c			├				+
	d	All other revenue			1 440 045			
		Total. Add lines 11a-11d			1,443,347.			
	12	Total revenue. See instructions		<u></u>	24,241,254.	6,646,298.		4,177,768

Form 990 (2021) Part VIII Statement of Revenue

KANSAS CITY SYMPHONY

Part IX Statement of Functional Expenses

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 1,126,717. 670,635. 383,960. 72,122. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8,137,343 7,277,176. 421,041. 439,126. 578,991. 551,946. 17,018. 10,027. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,314,841. 1,252,656. NONE 62,185. 754,236. 661,501. 49,935. 42,800. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 46,217. 46,217 **b** Legal 88,375 88,375. c Accounting NONE d Lobbying 125,304 125,304. e Professional fundraising services. See Part IV, line 17. 12,852 12,852. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 1,676,084. 1,473,461. 161,623. 41,000. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 855,462 851,396 4,066. 511,515. 101,331. 273,816. 886,662. 13 Office expenses 14 Information technology 90,141. 90,141. NONE 15 Royalties Occupancy 328,056 202,433 107,485 18,138. 16 334,329 258,321 68,620. 7,388. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 209,387 127,339 45,260 36,788. 22 138,954. 122,532. 7,579. 8,843. Insurance 23 24 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.) a CONCERT PRODUCTION EXPENSE 1,189,218. 1,189,218. 194,433 194,433 CREDIT CARD PROCESSING FEE b c BAD DEBT EXPENSE 27,432 27,432. d DUES AND SUBSCRIPTIONS 17,384. 48,715. 2,759. 68,858 277,601 108,872. 44,596. 124,133. e All other expenses Total functional expenses. Add lines 1 through 24e 18,461,493. 15,276,385. 1,909,622. 1,275,486. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Page	1	1	

	KANSAS CITY SYMPHONY		15 .	129/4/5
	(2021) Balance Sheet			Page <b>1</b> 1
art X				
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		<b>(B)</b> End of year
	Cook and interest baseling		4	
1	Cash - non-interest-bearing	5,936,928.	1	10,710,612
2	Savings and temporary cash investments.	7,272,214.	2	4,416,857
3	Pledges and grants receivable, net	3,135,249.	3	3,950,173
4	Accounts receivable, net	1,438,552.	4	3,233,372
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	NONE	-	100
	controlled entity or family member of any of these persons	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined			110
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE		NO
7 8 0	Notes and loans receivable, net	NONE		NO
8	Inventories for sale or use	8,944.	8	7,43
9	Prepaid expenses and deferred charges	744,520.	9	440,886
10 a	Land, buildings, and equipment: cost or other			
.	basis. Complete Part VI of Schedule D <b>10a</b> 3,785,116.	1 540 202		0 640 40
	Less: accumulated depreciation     10b     1,136,690.	1,742,393.		2,648,420
11	Investments - publicly traded securities.	60,387,086.		52,916,885
12	Investments - other securities. See Part IV, line 11	NONE		NO
13	Investments - program-related. See Part IV, line 11	NONE		NO
14	Intangible assets	NONE		NO
15	Other assets. See Part IV, line 11	NONE	-	NO
16	Total assets. Add lines 1 through 15 (must equal line 33)	80,665,886.		78,324,64
17	Accounts payable and accrued expenses	1,617,367.	17	1,815,49
18	Grants payable	NONE		NO
19	Deferred revenue	3,555,208.		3,469,86
20	Tax-exempt bond liabilities	NONE		NO
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NO
22	Loans and other 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	NONE		NO
23	Secured mortgages and notes payable to unrelated third parties	NONE	-	NO
24	Unsecured notes and loans payable to unrelated third parties	2,000,000.	24	2,000,00
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	NONE		NO
26	Total liabilities. Add lines 17 through 25	7,172,575.	26	7,285,36
	Organizations that follow FASB ASC 958, check here ► X			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	15,703,187.	27	23,219,56
28	Net assets with donor restrictions	57,790,124.	28	47,819,71
	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		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
	Total and an end of the last of the second	73,493,311.	32	71,039,279
27 28 29 30 31 32 33	Total net assets or fund balances         Total liabilities and net assets/fund balances	80,665,886.	33	78,324,641

KANSAS	CITY	SYMPHONY

Form 99	90 (2021)				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	2	4,2	41,	<u>254</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1			<u>493</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>761</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>311</u> .
5	Net unrealized gains (losses) on investments	5	_	8,2	33,	<u>793</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	7	1,0	39,	<u>279</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	on		Yes	No
				2-		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com			2a		<u>X</u>
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountate			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Single Audit Act and OMB Circular A-133?		••	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b	Х	

Form **990** (2021)

43-1297475

SCHEDULE	Α
(Form 990)	

### **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 G Open to Public

epartment of the Treasury	
nternal Revenue Service	

Department of the Treasury Internal Revenue Service				► Go to www.irs.gov/Form990 for instructions and the latest information.       Open to Public								
Nam	e of the or	ganization			cation number							
		ITY SYM	PHONY					43-1	297475			
				rity Status. (All organizations must complete this part.) See instructions.								
		ation is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)				
1	Ac	hurch, con	vention of chi	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).				
2	A s	chool desc	ribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)					
3	A h	ospital or a	a cooperative	hospital service o	rganization described	in <b>sectio</b>	on 170(b)	(1)(A)(iii).				
4	A n	nedical res	earch organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the			
	hos	spital's nam	ne, city, and st	tate:								
5	🗌 An	organizatio	on operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in			
	sec	ction 170(b	)(1)(A)(iv). (C	Complete Part II.)								
6	A fe	ederal, stat	e, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).				
7	An	organizatio	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public			
	des	scribed in <b>s</b>	ection 170(b)	<b>)(1)(A)(vi).</b> (Compl	ete Part II.)							
8					b)(1)(A)(vi). (Complete							
9		•		•				I in conjunction with a	• •			
		-	r a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or			
		versity:										
10	rec	eipts from	activities rela	ited to its exempt f	unctions, subject to c	ertain ex	xceptions	ntributions, membersh s; and (2) no more thar s section 511 tax) from	n 331/3 % of its			
	aco	quired by th	e organizatio	on after June 30, 1	975. See section 509	(a <b>)(2)</b> . ((	Complete	e Part III.)				
11		-	-	-	usively to test for publi	-						
12		-	-	-	-	-			ry out the purposes of			
		-		-					e section 509(a)(3). Check			
			-					and complete lines 1	-			
а					-	-		orted organization(s),				
			•	., .	• • • •		ajority of	f the directors or truste	es of the			
			-	-	e Part IV, Sections A							
b								supported organizati				
			-		-	the sam	e persor	ns that control or man	age the supported			
		-		-	, Sections A and C.							
С			-					n with, and functional	lly integrated with,			
			-		ns). You must comple							
d			-			-		ection with its suppor	- · ·			
			-			-		oution requirement and	d an attentiveness			
		•	<b>`</b>	,	omplete Part IV, Sect		,					
е			-					hat it is a Type I, Type I	п, туре пі			
f				l organizations	ionally integrated sup	porting o	organizai	lion.				
g					orted organization(s).				•••••			
		of supported of	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of			
	(1) Hame	or oupportou c		(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see			
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)			
						163	NO					
(A)												
(B)												
(C)												
(D)												
(E)												

644532 K922 05/04/2023 08:56:24 V21-7.15 0052489

Total

Page **2** 

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 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 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•					
14	Public support percentage for 2021 (li				,		%
15	Public support percentage from 2020					15	%
16a	331/3% support test - 2021. If the or	•					
	box and stop here. The organization q						
b	331/3% support test - 2020. 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 organization			-	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organi		-				
	in Part VI how the organization meet					-	
	organization			-			
18	Private foundation. If the organization						and see
	instructions	<u></u>					▶∟

Schedule A (Form 990) 2021

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

(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.)

500	tion A. Public Support			, p.0000 00		·/			
_	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
		(a) 2017	(b) 2010	(0) 2019	(u) 2020	(e) 2021	(1) 10(a)		
1	Gifts, grants, contributions, and membership fees	R 010 C00	0.650.040	10,000,001	10,021,000	12 415 100	50 010 010		
•	received. (Do not include any "unusual grants.")	7,910,629.	8,659,248.	10,000,221.	10,831,926.	13,417,188.	50,819,212.		
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	7,341,310.	8,264,538.	5,211,799.	1,900,019.	6,646,298.	29,363,964.		
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513 .						NONE		
4	Tax revenues levied for the								
	organization's benefit and either paid to								
	or expended on its behalf						NONE		
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge						NONE		
6	Total. Add lines 1 through 5	15,251,939.	16,923,786.	15,212,020.	12,731,945.	20,063,486.	80,183,176.		
7a	Amounts included on lines 1, 2, and 3								
	received from disgualified persons	3,222,603.	3,596,593.	3,432,144.	3,343,179.	5,124,017.	18,718,536.		
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000						NONE		
	or 1% of the amount on line 13 for the year	3,222,603.	3,596,593.	3,432,144.	3,343,179.	5,124,017.	18,718,536.		
	Add lines 7a and 7b	5,222,005.	3,390,393.	5,452,144.	3,343,179.	5,124,017.	10,/10,550.		
8	Public support. (Subtract line 7c from						<b>C1 ACA CA</b>		
<u> </u>	line 6.)						61,464,640.		
	tion B. Total Support	(-) 2017	(1-) 2010	(-) 2010		(a) 2021	(f) Tatal		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
9	Amounts from line 6	15,251,939.	16,923,786.	15,212,020.	12,731,945.	20,063,486.	80,183,176.		
10 a	Gross income from interest, dividends, payments received on securities loans,								
	rents, royalties, and income from similar								
	sources	1,008,741.	1,120,827.	2,164,595.	1,926,526.	2,381,097.	8,601,786.		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975						NONE		
с	Add lines 10a and 10b	1,008,741.	1,120,827.	2,164,595.	1,926,526.	2,381,097.	8,601,786.		
11	Net income from unrelated business								
	activities not included in line 10b, whether								
	or not the business is regularly carried on.						NONE		
12	Other income. Do not include gain or								
12	loss from the sale of capital assets								
	(Explain in Part VI.) SEE SUPP PAGE	58,072.	279,867.	122,520.	31,126.	1,443,347.	1,934,932.		
13	<b>Total support.</b> (Add lines 9, 10c, 11,			,			,,		
10	and 12.)	16,318,752.	18,324,480.	17,499,135.	14,689,597.	23,887,930.	90,719,894.		
14	First 5 years. If the Form 990 is for								
14	-	0							
<u> </u>	organization, check this box and stop here.								
	tion C. Computation of Public Supp					45			
15	Public support percentage for 2021 (line 8,	.,	•			15	67.75%		
16	Public support percentage from 2020 Sche					16	70.21%		
Sec	tion D. Computation of Investment								
17	Investment income percentage for 2021 (lin	,				17	9.48%		
18	Investment income percentage from 2020					18	9.06%		
19 a	331/3% support tests - 2021. If the or	ganization did n	ot check the bo	x on line 14, an	id line 15 is mo	ore than 331/3%,	and line		
	17 is not more than 331/3%, check this	s box and stop	here. The organ	ization qualifies	as a publicly su	pported organizat	tion ► X		
b	331/3% support tests - 2020. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	/3 %, and		
	line 18 is not more than 331/3%, check								
20	Private foundation. If the organization of		•						
JSA							A (Form 990) 2021		
1 = 122	E1221 1.000 644532 K922 05/04/2023 08:56:24 V21-7.15 0052489 20								

Part IV

Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

43-1297475

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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			

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section 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?			
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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	l	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
	а	The organization satisfied the Activities Test. Complete line 2 below.						
	b	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete <b>line 3</b> below.</i>						
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).				s).			
				Yes	No			
Ż	2	Activities Test. Answer lines 2a and 2b below.						
	-	Did substantially all of the experimetion's activities during the tay year directly further the exempt surpass of						

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

JSA 1E1230 1.000

- **a** 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? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

/. 3b 3b 2021 Schedule A (Form 990) 2021

2a

2b

3a

2

Schedule A (Form 990) 2021	nization		Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Orga           1         Check here if the organization satisfied the Integral Part Test as a qualifyir			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	•		,
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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p		5		
6	Other distributions (describe in Part VI). See instructions.		6		
	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	onsive			
	(provide details in <b>Part VI</b> ). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ection E - Distribution Allocations (see instructions) (i) (i) Underdistribution Pre-2021			าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in <b>Part VI</b>)</i> . See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in <b>Part VI.</b></i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
 b	Excess from 2018				
C	Excess from 2019.				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Part 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.)

SCHEDULE A, PART III - OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2021

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
EMPLOYEE RETENTION CREDIT MISCELLANEOUS	NONE 58,072.	NONE 279,867.	NONE	NONE 31,126.	1,431,926. 11,421.	1,431,926. 503,006.
TOTALS	58,072.	279,867.	122,520.	31,126.	1,443,347.	1,934,932.

SCHEE	DULE	)
(Form	990)	

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990

2 hlio

OMB No. 1545-0047

	artment of the Treasury	Go to when its down	► Attach to Form 990. Form990 for instructions and	d the latest inform	ation	Inspection
	nal Revenue Service e of the organization				Employer identific	
	NSAS CITY SYMP					
		tions Maintaining Donor Advi	ised Funds or Other Sin	nilar Funds or	43-1297	4/5
Г		e if the organization answered			Accounts.	
	Complete		(a) Donor advised f		(b) Funds an	d other accounts
4	Total number at a	nd of yoor				
1		nd of year				
2		of contributions to (during year)				
3 ⊿		of grants from (during year)				
4 5		at end of year ion inform all donors and donor	advicare in writing that t	ha assats hald	in donor advisor	1
5	-	inization's property, subject to the				
6	-	on inform all grantees, donors, a	-	-		
U		e purposes and not for the benef				
		nissible private benefit?				Yes No
P		tion Easements.				
		e if the organization answered	"Yes" on Form 990. Par	t IV. line 7.		
1		servation easements held by the				
		n of land for public use (for example	· · ·		of a historically in	nportant land area
		of natural habitat	, , <u>,</u>		of a certified histo	
	Preservatio	n of open space				
2		through 2d if the organization he	eld a qualified conservation	n contribution in	the form of a con	nservation
	easement on the l	ast day of the tax year.			Held at the	e End of the Tax Year
а	Total number of c	onservation easements			2a	
b		tricted by conservation easements			2b	
с	Number of conser	vation easements on a certified	historic structure included in	n (a)	2c	
d	Number of conser	rvation easements included in (c	) acquired after 7/25/06,	and not on a		
	historic structure I	isted in the National Register			2d	
3	Number of conse	rvation easements modified, training	nsferred, released, extingu	iished, or termi	nated by the ore	anization during the
	tax year 🕨					
4	Number of states	where property subject to conse	rvation easement is located	▶		
5	-	ation have a written policy reg			-	
	violations, and enf	orcement of the conservation eas	sements it holds?			📖 Yes 📖 No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations	s, and enforcing	conservation ease	ments during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspect	ting, handling of violations,	and enforcing co	onservation easer	nents during the year
_	►\$					
8		vation easement reported on line 2				
-		)(4)(B)(ii)?				
9		be how the organization reports			•	
		d include, if applicable, the text c counting for conservation easeme	•	ization's financi	ai statements tha	describes the
P		tions Maintaining Collections		ures or Other	Similar Assot	<u> </u>
		if the organization answered			onnia Asset	
1.0	•	elected, as permitted under FA	,		a atatamant and	halanaa ahaat warka
1a	of art, historical t	reasures, or other similar asset Part XIII the text of the footnote	ts held for public exhibiti	on, education,	or research in f	urtherance of public
b	art, historical treas provide the follow	n elected, as permitted under F/ sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, ed	lucation, or rese	earch in furtherar	nce of public service,
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				
	(ii) Assets include	d in Form 990, Part X				š
2		n received or held works of a				ial gain, provide the
		s required to be reported under F.				
а	Revenue included	on Form 990, Part VIII, line 1			🏲 🤶	S
b	Assets included in	⊢orm 990, Part X			🏲 🤅	5

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 KAN	SAS CITY SYMP	HONY						43-1	29747	5 F	Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histor	ical Trea	asures	s, or C	Other Si	milar A	ssets (d	continue	d)	
3	Using the organization's acquisitio collection items (check all that appl		other record	ls, check	any of	f the	following	g that ma	ake sigr	nificant ι	se c	of its
а	Public exhibition	<b>,</b> , , , , , , , , , , , , , , , , , ,	d	Loan or	<sup>r</sup> excha	ande p	orogram					
b	Scholarly research		e	Other	enerie.							
c	Preservation for future gener	ations										
4	Provide a description of the organ		and expla	in how th	ev fur	ther t	he orgai	nization's	exemp	t purpos	e in	Part
	XIII.				.,		J					
5	During the year, did the organizatio	n solicit or receive o	donations of	art, histor	rical tre	easure	es, or oth	er simila	r			
	assets to be sold to raise funds rath								_	Yes		No
Ра	rt IV Escrow and Custodial A				-							
	Complete if the organiza	tion answered "Ye	es" on Forn	n 990, Pa	art IV,	line 9	), or rep	orted an	amour	nt on Fo	rm	
	990, Part X, line 21.											
1a	Is the organization an agent, trust	ee, custodian or o	ther interm	ediary for	<sup>c</sup> contr	ibutio	ns or ot	her asse	ts not			_
	included on Form 990, Part X?								[	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the foll	owing table	e:							
									Amount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year				F	1e						
f	Ending balance					1f					_	
2a	8								-	Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the ex	planation h	nas bee	en pro	vided on	Part XIII			-	
Pa	rt V Endowment Funds. Complete if the organiza	tion answered "Ye	es" on Forr	n 990, Pa	art IV,	line 1	10.					
		(a) Current year	(b) Prior	year	<b>(c)</b> Two	o years	back (	<b>d)</b> Three ye	ars back	<b>(e)</b> Four	years	back
1a	Beginning of year balance	60,190,550.	47,03	3,983.	45,1	L77,58	8.	41,516	5,511.	36,6	507,8	41.
b	Contributions	1,398,413.	1,77	0,824.	1,5	575,65	5.	2,311	,751.	3,2	59,7	34.
с	Net investment earnings, gains,											
	and losses	-7,231,327.	13,57	8,365.	2,1	104,86	4.	2,904	473.	3,2	.66,9	59.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	5,561,900.	2,12	7,030.	1,7	768,45	0.	1,496	,222.	1,3	857,5	68.
f	Administrative expenses	71,199.	6	5,592.		55,67	4.	58	3,925.		60,4	55.
g	End of year balance	48,724,537.	60,19	0,550.	47,0	33,98	3.	45,177	7,588.	41,	516,5	11.
2	Provide the estimated percentage			(line 1g, c	column	(a)) h	eld as:					
а	Board designated or quasi-endowm		_%									
b	Permanent endowment  71.00											
С	Term endowment ▶ 16.0000											
•	The percentages on lines 2a, 2b, a			en al na a					L .			
за	Are there endowment funds not in t	ine possession of tr	ne organizat	tion that a	ire neic	a and	administ	erea for t	ne	[	/es	No
	organization by:											
	(i) Unrelated organizations									3a(i)	Х	37
h	(ii) Related organizations If "Yes" on line 3a(ii), are the relate									3a(ii) 3b		Х
		•				· • • •				30		
4 	Describe in Part XIII the intended un rt VI Land, Buildings, and Equ				15.							
Га	Complete if the organization	ation answered "Ye	es" on Fori	m 990, P	art IV,	line '	11a. Se	e Form	990, Pa	rt X, line	e 10	
	Description of property	(a) Cost or	other basis	(b) Cost or	other ba		(c) Accum	ulated		I) Book val		
10	Land	(inves	tment)	(oth	ier)		deprecia	ation				
1a b	Buildings											
	Leasehold improvements			1 0/	16,14		200	,433.		1 61	2 7	16
c d	Equipment				10,14 29,69			,433. ,257.		1,64 00		<u>10.</u> 33.
				1,02	9,27		034	, 457.				<u>33.</u> 77.
e Tota	Other I. Add lines 1a through 1e. (Column	(d) must equal Form	n 900 Part	X column			)					
1018		(u) must equal r-On	11 990, Fail 2	α, σοιαιτιπ	חוו , נט		·/			2,64	0,4	<u>20.</u>

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	) Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category			
	(including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
• •	al derivatives			
• •	held equity interests			
(3) Other				
(A)				
(B) (C)				
(C) (D)				
(E)				
(E)				
(G)				
(U) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	I "Yes" on Form 990	), Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	lino 15)		
	Other Liabilities.	ine 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Complete if the organization answered line 25.	1 "Yes" on Form 990	), Part IV, line 11e or 11f. See Forr	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2 Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at roports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	le D (Form 990) 2021 KANSAS CITY SYMPHONY	43-	1297475 Page <b>4</b>
Part		า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	18,075,313.
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.)		
е	Add lines 2a through 2d	2e	-6,165,941.
3	Subtract line 2e from line 1	3	24,241,254.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		24,241,254.
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	20,529,345.
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.)		
е	Add lines 2a through 2d	2e	2,067,852.
3	Subtract line 2e from line 1	3	18,461,493.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,461,493.
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

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 \$ 2,023,608

SCHEDULE D, PART XII, LINE 2D

JSA 1E1226 2.000 644532 K922 05/04/2023 08:56:24 V21-7.15 0052489 FUNDRAISING DIRECT EXPENSES

\$ 2,023,608

(Form 990)	Complete if t	2021					
Department of the Treasury			to Form 990				Open to Public
Internal Revenue Service Name of the organization	G	o to www.irs.gov/Forn	1990 for Instr	uctions and	the latest information.	Employer identificati	Inspection
Ū.	IDUONV					43-12974	
KANSAS         CITY         SYN           Part I         Fundraisi	ng Activities. Comp	lete if the organ	ization an	swered "	Yes" on Form 99		
	-EZ filers are not re						
	er the organization rais				activities. Check a	all that apply.	
a 🛛 Mail solicita	ations	е	X Solic	itation of i	non-government g	grants	
<b>b</b> X Internet an	d email solicitations	f			government grants	S	
c X Phone solid		g	X Spec	cial fundra	ising events		
d X In-person s							
or key employe b If "Yes," list the	ation have a written of es listed in Form 990 10 highest paid indiv t least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and add or entity (		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT	INFORMATION		Yes	No			
1							
2							
3							
			_				
5							
6							
7							
8							
9							
10							
Total					202 249	105 204	100.044
	n which the organizat				292,248. contributions or		
registration or li							
KS,MO,							

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

SCHEDULE G

OMB No. 1545-0047

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

	gross receipts greater than \$5,00	0.			
		(a) Event #1 (b) Event #2 JEWELL BALL (event type) (event type)		(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,452,143.		189,619.	3,476,534
Ř	<ol> <li>Less: Contributions</li> <li>Gross income (line 1 minus</li> </ol>	719,852.	362,523.	21,322.	1,103,697
	line 2)	1,732,291.	472,249.	168,297.	2,372,837
	4 Cash prizes				
	5 Noncash prizes				
<b>Direct Expenses</b>	6 Rent/facility costs	88,608.	32,414.	2,271.	123,293
t Expe	7 Food and beverages	414,329.	34,857.	16,249.	465,435
Direc	8 Entertainment	365,574.	49,139.		414,713
	9 Other direct expenses	849,553.	92,353.	78,261.	1,020,167
	10 Direct expense summary. Add lin 11 Net income summary. Subtract li rt III Gaming. Complete if the org	ne 10 from line 3, colu	umn (d)	<u></u>	
	\$15,000 on Form 990-EZ, lir				• T
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
ses	2 Cash prizes				
Expen	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
പ					

8 Net gaming income summary. Subtract line 7 from line 1, column (d).

7 Direct expense summary. Add lines 2 through 5 in column (d)

Yes

No

9 Enter the state(s) in which the organization conducts gaming activities:

5 Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

%

Yes

No

%

Yes

No

%

►

►

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

Schedule G (Form 990) 2021

JSA

Sched	lule G (Form 990 or 990-EZ) 2021 KANSAS CITY SYMPHONY	43-12	297475	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	у		
	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 book records:	s and		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b		and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?	,	Yes	No
b			L	
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$			
Par				

Schedule G (Form 990 or 990-EZ) 2021

## FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME: BENNETT DIRECT

ACTIVITY : TELEFUNDING

# CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : 292,248.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 125,304.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 166,944.

#### STATEMENT 1

SCH	EDULE J	Comper	isa	tion Information	1	OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors	s, Trustees, Key Employees, and Highest		୬ <b>ଲ</b> 21		
				nsated Employees nswered "Yes" on Form 990, Part IV, line	23.			_
	nent of the Treasury			ch to Form 990. or instructions and the latest information		Open t		
	Revenue Service of the organization		99010	or instructions and the latest information	Employer identifica		ectio	n
	SAS CITY S	YMPHONY			43-12974			
Part		is Regarding Compensation			10 1277	.,		
		<u> </u>					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovide	d any of the following to or for a per-	son listed on For	m		
	990, Part VII,	Section A, line 1a. Complete Part III to	prov	ide any relevant information regardin	g these items.			
	First-cla	ss or charter travel	X	Housing allowance or residence for	personal use			
		or companions		Payments for business use of perso	nal residence			
		emnification and gross-up payments		Health or social club dues or initiati				
	Discretion	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did the exercise of the exercise of the exercise of all of the exercise of all of the exercise o	pens	ses described above? If "No," con	egarding payme	to		
						. 1b	X	
2	•	anization require substantiation prior		•	•			
		stees, and officers, including the CEC						
_						. 2	X	
3		n, if any, of the following the organization CEO/Executive Director. Check all the						
		ization to establish compensation of th						
		nsation committee	X	Written employment contract				
	· · ·	dent compensation consultant	X	Compensation survey or study				
		00 of other organizations	X	Approval by the board or compensation	ation committee			
4	During the ye	ar, did any person listed on Form 990, or a related organization:	Par					
а	•	verance payment or change-of-control p	ayme	ent?		. 4a		X
b		or receive payment from a supplement	-					Х
С	Participate in	or receive payment from an equity-bas	sed c	compensation arrangement?		. 4c		Х
	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) o	-	-				
5		listed on Form 990, Part VII, Sect	ion /	A, line 1a, did the organization pa	ay or accrue a	y		
	-	n contingent on the revenues of:						
-	-							X
b		rganization? e 5a or 5b, describe in Part III.	•••			. <u>5</u> b		X
6		listed on Form 990, Part VII, Sect	ion 4	A line 1a did the organization of	av or accrue a	NV VI		
5	-	n contingent on the net earnings of:				.,		
а		ion?				. 6a		х
b	-	rganization?						Х
	-	e 6a or 6b, describe in Part III.						
7	For persons	listed on Form 990, Part VII, Section	n A	, line 1a, did the organization prov	vide any nonfixe	d		
	payments not	described on lines 5 and 6? If "Yes," d	lescri	be in Part III				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)?		<u></u>	<u></u>	. 9		

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

Schedule J (Form 990) 2021

Schedule J	(Form 990) 2021	KANSAS CITY SYMPHONY	43-1297475	Page <b>2</b>
Part II	Officers, Directors, Trustees, Ke	/ Employees, and Highest Cor	mpensated 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.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DANIEL BECKLEY	(i)	265,021.	NONE	1,204.	7,811.	20,467.	294,503.	NONE
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALEX SHAPIRO	(i)	142,036.	NONE	770.	4,276.	13,258.	160,340.	NONE
2 VICE PRESIDENT OF PHILANTHROPY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(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) (ii)							
14								
45	(i) (ii)							
15	-							
40	(i) (ii)							
16	(II)							

Schedule J (Form 990) 2021

Schedule J	Eorm	0001	2021
Schedule 1	FOIIII	990)	2021

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.

Page 3

SCHE	DULE	L
(Earm	000)	

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open To Public
Inspection

Employer identification number

▶ \$

43-1297475

Department of the Treasury Internal Revenue Service						
Name of the organization						

Part I

KANSAS CITY SYMPHONY

#### Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

	· · ·										
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected							
	(a) Name of disqualitied person	organization	(c) Description of transaction	Yes	No						
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
2	2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year										
	under section 4958										

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	<b>(c)</b> Purpose of Ioan	(d) Loan to or from the organization?		from the principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

Schedule L (Form 990 or 990-EZ) 2021

# 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	<b>(c)</b> Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1) SEE SCHEDULE L, PART V					
(2)SEE SCHEDULE L, PART V					
(3)SEE SCHEDULE L, PART V					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

43-1297475

#### Part V Supplemental Information

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

SCHEDULE L, PART IV

## TRANSACTION 1

- (A) MICHAEL STERN
- (B) MICHAEL STERN IS GREATER THAN 35% OWNER OF THAUMUS, INC. AND IS THE MUSIC DIRECTOR FOR THE KANSAS CITY SYMPHONY.
- (C) \$258,960
- (D) THAUMUS, INC. PROVIDES CONDUCTING SERVICES FOR THE KANSAS CITY SYMPHONY.
- (E) NO

TRANSACTION 2

- (A) SHIRLEY HELZBERG
- (B) SHIRLEY HELZBERG IS GREATER THAN 35% OWNER OF SOBEL PROPERTIES, LLC AND A DIRECTOR OF THE KANSAS CITY SYMPHONY.
- (C) \$51,903
- (D) THE KANSAS CITY SYMPHONY LEASES OFFICE SPACE FROM SOBEL PROPERTIES,
- LLC.
- (E) NO

#### TRANSACTION 3

- (A) SHIRLEY HELZBERG
- (B) SHIRLEY HELZBERG IS GREATER THAN 35% OWNER OF MOZART PROPERTIES, LLC AND A DIRECTOR OF THE KANSAS CITY SYMPHONY.
- (C) \$257,080
- (D) THE KANSAS CITY SYMPHONY LEASES OFFICE SPACE FROM MOZART PROPERTIES, LLC.
- (E) NO

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2021

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.

Open to Public

Name of the organization

Employer identification num	ber
43-1297475	

KAN	SAS CITY SYMPHONY				43-1297475		
Par	t Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of	<b>(d)</b> f determini tribution ar	
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		1.0	100.400			
9	Securities - Publicly traded		19	180,429	. FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	1	336	5. FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►( SEE SUPP PAGE )		1.	7,500			
26	Other ►()						
27	Other ▶()						
28	Other ►( )						
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for	or		
	which the organization completed F		• •				
						Ye	s No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, I	ines 1 through		
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and whic	h isn't required		
	to be used for exempt purposes for	the entire h	olding period?			30a	х
b	If "Yes," describe the arrangement i		01				
	Does the organization have a		tance policy that require	es the review of an	y nonstandard		
	contributions?				-	31 2	X
32a	Does the organization hire or use						
4	contributions?		=	-		32a	X
b	If "Yes," describe in Part II.						
	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column	(a) is checked		
55	describe in Part II.				u is checked,		
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule	M (Form 9	990) 2021

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.

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	- OTHER NO	NCASH CONTRIBUTION	S	
====================	=======================================	=======================================	=	
		(B) NUMBER OF	(C) REVENUES	
DESCRIPTION	(A) CHECK	CONTRIBUTIONS	REPORTED	(D) METHOD OF DETERMINING
FLOWER ARRANGEM	Х	1	7,500.	FMV
TOTALS		1.	7,500.	
	==		=================	

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KANSAS CITY SYMPHONY

## 43-1297475

#### FORM 990, PART III, LINE 1

ITS MISSION IS TO PERFORM GREAT PERFORMANCES FOR GREATER AUDIENCES.

THE KANSAS CITY SYMPHONY WILL ACHIEVE THIS MISSION BY:

- DEVELOPING AN UNCOMPROMISING PERFORMANCE STANDARD.
- ADVANCING THE PROFILE AND VALUE OF THE ORCHESTRA LOCALLY,

NATIONALLY AND INTERNATIONALLY.

- DEVELOPING THE FINANCIAL RESOURCES TO ALLOW THE ORCHESTRA TO THRIVE TODAY AND TOMORROW.
- CREATING AN INTERNAL CULTURE THAT STIMULATES EFFECTIVE RELATIONSHIPS WITHIN AND BETWEEN BOARD, STAFF AND MUSICIANS.
- DEVELOPING AUDIENCES AND PARTNERSHIPS THAT ALLOW THE ORCHESTRA TO THRIVE TODAY AND TOMORROW.

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

DURING THE 2022 FISCAL YEAR, THE SYMPHONY RESUMED A FULL SCHEDULE OF CONCERTS AND COMMUNITY ENGAGEMENT ENDEAVORS USING PROTOCOLS TO PROTECT THE HEALTH OF AUDIENCE MEMBERS, MUSICIANS, AND STAFF. AMONG THESE PROGRAMS WERE PERFORMANCES OF CLASSICAL AND POPS REPERTOIRE AS WELL AS PIT ORCHESTRA SERVICES FOR THE KANSAS CITY BALLET AND THE LYRIC OPERA. THERE WERE 94 PERFORMANCES OF 37 DIFFERENT PROGRAMS PLUS 48 PERFORMANCES OF 6 DIFFERENT PROGRAMS FOR THE BALLET AND OPERA. SYMPHONY AUDIENCES HAILED FROM 978 COMMUNITIES IN ALL 50 STATES PLUS THE DISTRICT OF COLUMBIA AND SIX FOREIGN COUNTRIES. IN TOTAL, THE SYMPHONY REACHED MORE THAN 166,000 PEOPLE DURING THE 2021/22 SEASON. THE SEASON OPENING PROGRAM FEATURING GUSTAV MAHLER'S FIRST SYMPHONY AND THE CONCLUDING PROGRAM WITH

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

KANSAS CITY SYMPHONY

BEETHOVEN'S NINTH SYMPHONY WERE PARTICULARLY MEANINGFUL TO AUDIENCES RETURNING TO THE CONCERT HALL. ATTENDANCE FOR THE CLASSICAL, POPS AND FAMILY SERIES REBOUNDED FROM THE CANCELLATIONS AND VIRTUAL FORMAT OF PRECEDING YEARS. CLASSICAL AUDIENCES NUMBERED 42,627, POPS TOTALED 16,324 AND FAMILY DREW 3,787. HOLIDAY PROGRAMS ATTRACTED 8,005 TO NINE PERFORMANCES OF CHRISTMAS FESTIVAL AND HANDEL'S MESSIAH. FILM + LIVE ORCHESTRA AND SPECIAL PROGRAMS STAGED A STRONG RETURN WITH 24,090 ATTENDING 18 PERFORMANCES OF 6 PROGRAMS, INCLUDING BEN FOLDS AND FILMS FROM THE "HARRY POTTER" AND "STAR WARS" SERIES. THE HAPPY HOUR SERIES OF CHAMBER MUSIC PROGRAMS HAD ENTHUSIASTIC CROWDS TOTALING 3,232 AT THE FOUR FREE CONCERTS. EVEN WITH AN EXCEPTIONALLY BUSY CONCERT CALENDAR IN HELZBERG HALL, IT WAS A PRIORITY TO CONTINUE THE FREE OUTDOOR MOBILE MUSIC BOX NEIGHBORHOOD CONCERTS STARTED DURING THE PANDEMIC. INTRODUCING NEW AUDIENCES TO THE ARTISTRY OF SYMPHONY MUSICIANS, THE SEASON INCLUDED 120 MOBILE MUSIC BOX CONCERTS REACHING 18,292 PEOPLE IN 55 ZIP CODES ACROSS GREATER KANSAS CITY. IN ADDITION, AFTER A TWO-YEAR HIATUS, BANK OF AMERICA CELEBRATION AT THE STATION RETURNED ON MEMORIAL DAY WEEKEND IN 2022, DELIGHTING THE CROWD OF 35,000 GATHERED BETWEEN KANSAS CITY'S UNION STATION AND LIBERTY MEMORIAL. WHILE IN-PERSON YOUTH CONCERTS WERE STILL NOT POSSIBLE, THE SYMPHONY PRODUCED SPECIALLY RECORDED VIDEOS OF TWO PROGRAMS: CENTURIES OF SYMPHONIES (K-6) AND INSTRUMENTS OF CHANGE (6-12). REGISTRATIONS TO USE THE FREE CURRICULUM TOTALED 30,783 STUDENTS AND TEACHERS FROM 147 SCHOOLS IN 28 DISTRICTS.

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

THE FULL BOARD MEETS BI-MONTHLY, AND THE EXECUTIVE COMMITTEE MEETS

## 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.



Department of the Treasury Internal Revenue Service Name of the organization

#### KANSAS CITY SYMPHONY

MONTHLY OR MORE FREQUENTLY AS NECESSARY. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD IN THE MONTHS BETWEEN MEETINGS OF THE FULL BOARD. THE RETIREMENT COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING 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 INFORMATION WHICH IS SENT TO AN INDEPENDENT ACCOUNTING FIRM FOR PREPARATION AND REVIEW OF THE RETURN. THE RETURN IS THEN REVIEWED BY THE CFO, EXECUTIVE DIRECTOR AND THE BOARD TREASURER. ANY QUESTIONS OR CONCERNS OF THESE REVIEWERS ARE ADDRESSED WITH THE INDEPENDENT ACCOUNTING FIRM. ANY CHANGES OR CLARIFICATIONS THAT NEED TO BE INCORPORATED INTO THE RETURN ARE MADE. ONCE THESE CHANGES ARE INCORPORATED, THE 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE AND ANY CHANGES OR CLARIFICATIONS REQUIRED SUBSEQUENT TO THAT REVIEW ARE INCORPORATED INTO THE RETURN. THEN THE RETURN IS EMAILED TO THE ENTIRE VOTING BOARD WITH INSTRUCTION TO CONTACT THE BOARD TREASURER WITH ANY CONCERNS OR QUESTIONS THEY MAY HAVE. ANY CHANGES OR CLARIFICATIONS THAT NEED TO BE INCORPORATED IN THE RETURN ARE MADE AND THEN THE RETURN IS FINALIZED AND EMAILED BACK TO THE BOARD PRIOR TO SUBMISSION TO THE IRS.

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

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

## 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.



Department of the Treasury Internal Revenue Service Name of the organization

KANSAS CITY SYMPHONY

43-1297475

THE CONFLICT OF INTEREST POLICY AND TO COMPLETE A FORM DISCLOSING ANY DIRECTOR OF THE BOARD'S POSSIBLE CONFLICT OF INTEREST.

1. DUTY TO DISCLOSE:

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

2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

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

3. 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
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

### 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.



Department of the Treasury Internal Revenue Service Name of the organization

WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO KCS AND IF SUCH DECISION IS MADE, KCS MAY ENTER INTO THE TRANSACTION IN CONFORMITY WITH SUCH DETERMINATION. THE INTERESTED DIRECTOR SHALL NOT BE PRESENT FOR THE DISCUSSION OR VOTE.

4. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:

A. IF THE BOARD OR MEMBER OF THE BOARD OR STAFF HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR, OFFICER, MEMBER OF A COMMITTEE, OR KEY EMPLOYEE PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERESTS, THE EXECUTIVE COMMITTEE SHALL BE NOTIFIED AND THE EXECUTIVE COMMITTEE SHALL INFORM SUCH PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD SUCH PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. B. IF, AFTER HEARING THE RESPONSE OF SUCH PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE EXECUTIVE COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL REPORT ITS FINDINGS TO THE FULL BOARD, IN THE CASE OF A MEMBER, OFFICER OR COMMITTEE MEMBER, OR TO THE EXECUTIVE DIRECTOR IN THE CASE OF A KEY EMPLOYEE (PROVIDED, HOWEVER, IF THE PERSON WHO FAILED TO MAKE THE APPROPRIATE DISCLOSURE IS THE EXECUTIVE DIRECTOR, THE FINDINGS SHALL BE REPORTED TO THE FULL BOARD) AND THE FULL BOARD OR EXECUTIVE DIRECTOR SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY INCLUDE REMOVAL OR DISMISSAL.

#### SECTION E RECORDS OF PROCEEDINGS:

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS

Department of the Treasury Internal Revenue Service

## 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. OMB No. 1545-0047

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

KANSAS CITY SYMPHONY

43-1297475

SHALL CONTAIN:

1. THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S, INVESTIGATING PERSON'S, COMMITTEE'S OR EXECUTIVE COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED.

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

### FORM 990, PART VI, SECTION B, LINE 15A

THE CHAIRMAN 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.

### FORM 990, PART VI, SECTION C, LINE 19

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

Schedule O (Form 990 or 990-EZ) 2021	Employer ide	Page 2 ntification number
KANSAS CITY SYMPHONY	43-129	
FORM 990, PART VII-COMPENSATION OF THE 5 H	IGHEST PAID IND CONTRACTORS	
NAME AND ADDRESS		COMPENSATION
THAUMAS, INC-FBO M. STERN		
3800 BALTIMORE #4N		
KANSAS CITY, MO 64111	CONDUCTING SERVICES	420,029
BENNET DIRECT		
PO BOX 0015		
MILWAUKEE, WI 53201	TELEFUNDING	205,427.
STRAUB CONSTRUCTION COMPANY, INC.		
7775 MEADOWVIEW DRIVE		
SHAWNEE, KS 66227	CONSTRUCTION	1,143,618.
FORCE TECHNOLOGY SOLUTIONS LLC		
6097 W 400 N, SUITE C		
GREENFIELD, IN 46140	INFORMATION TECH	271,255

109

Form	990-T	E>	cempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OMB No	o. 1545-00	047	
		For cale	ndar year 2021 or other tax year beginning $07/01$ , 2021, and ending $06/30$ , 20	o <sup>22</sup> 2 <b>021</b>				
Depar	tment of the Treasury		Go to www.irs.gov/Form9907 for instructions and the latest information.					
	al Revenue Service	► Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c	)(3).	Open to Pu 501(c)(3) O	olic Inspection	ction fo	or Iy
A	Check box if		Name of organization ( Check box if name changed and see instructions.)	D Emp	oloyer identifica	ation nu	mber	
	address changed.		KANSAS CITY SYMPHONY	43-	-1297475			
BExe	empt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		up exemption	number		
Х	501(C)(3)	or Type	1644 WYANDOTTE ST	(366	manuclionay			
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code					
	408A 530(a)		KANSAS CITY, MO 64108	F	Check box if an amended			
	529(a) 529A	C Boo	k value of all assets at end of year					
	heck organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust					
	heck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form					
	heck if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation					
			Schedules A (Form 990-T)			1 T		
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		▶∟	Yes	Χ	No
	,		identifying number of the parent corporation					
LI	he books are in care		SARA LOHE, CFO Telephone number ► 816	5-218	-2610			
			1644 WYANDOTTE ST					
		ł	CANSAS CITY, MO 64108					
Pa	t Total Unro	lated E	Business Taxable Income					
Par 1			ness taxable income computed from all unrelated trades or businesses (se					
1								
2								
2								
4			see instructions for limitation rules)					
5			axable income before net operating losses. Subtract line 4 from line 3					
6			g loss. See instructions					
7			ness taxable income before specific deduction and section 199A deduction					
•								
8			ally \$1,000, but see instructions for exceptions)					
9			Juction. See instructions					
10			es 8 and 9					
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line					
			· · · · · · · · · · · · · · · · · · ·	·			NO	NE
Pa							110	
1			corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1			NO	NE
2			rates. See instructions for tax computation. Income tax on the amount of			-		
	Part I, line 11 fron	Г	Tax rate schedule or Schedule D (Form 1041)					
3	,		······································	3				
4			structions					
5			trusts only)					
6			lity income. See instructions					
7			6 to line 1 or 2, whichever applies				NO	NE
For I			Notice, see instructions.			n <b>990-</b>		

(Rev. January 2022)

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 instructions.         Taxpayer identification				mbe	r (TIN)			
print					_				
File by the	KANSAS CITY SYMPHONY Number, street, and room or suite no. If a P.O. bo	v soo instru	ctions	43-1297475	>				
due date for									
filing your return. See	1644 WYANDOTTE ST City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
instructions.		a roreign ac							
	KANSAS CITY, MO 64108						07		
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	each return)			07		
Application		Return	Application				Return		
Is For		Code	Is For				Code		
Form 990 or	Form 990-EZ	01	Form 1041-A				08		
Form 4720	(individual)	03	Form 4720 (other than	individual)			09		
Form 990-PF		04	Form 5227	,			10		
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870				12		
Form 990-T	(corporation)	07							
<ul> <li>If the orga</li> <li>If this is for the whole a list with the for the the for the for the for the x</li> <li>2 If the ta C</li> </ul>	e No. ► <u>816</u> 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 ► []. I e names and TINs of all members the extens st 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 hange in accounting period	business ir ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2021	bup Exemption Number (G art of the group, check this 05/15, 2023 ganization's return for: , and ending ck reason: Initial retu	EN) s box	org	If th and att anizati	tach		
	application is for Forms 990-PF, 990-T, undable credits. See instructions.	4720, or	6069, enter the tenta	tive tax, less any	3a	¢	NONE		
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							110115		
estimated tax payments made. Include any prior year overpayment allowed as a credit.						\$	NONE		
	e due. Subtract line 3b from line 3a. In	•							
using E	FTPS (Electronic Federal Tax Payment Syster	n). See ins	tructions.		3c	\$	NONE		
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, se	e Form 8453-TE and Fo	rm 8	879-TE	for payment		
For Privacy A	ct and Paperwork Reduction Act Notice, see inst	ructions.			Forn	n 8868	(Rev. 1-2022		

JSA 1F8054 2.000

Form 9	990-T (2021)			43-1297475	Page <b>2</b>
Par	t III Tax and Payments				
1 a	Foreign tax credit (corporations attach Form 1118;	; trusts attach Form 1116)	. 1a		
b	Other credits (see instructions)		. 1b		
С	General business credit. Attach Form 3800 (see ins	structions)	. 1c		
d	Credit for prior year minimum tax (attach Form 880	)1 or 8827)	. 1d		
е	Total credits. Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	NONE
3	Other amounts due. Check if from: Form 4255	Form 8611 Form 8697	Form 8866		
		atement)		3	
	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here			4	NONE
	Current net 965 tax liability paid from Form 965-A,			5	
	Payments: A 2020 overpayment credited to 2021				
	2021 estimated tax payments. Check if section 64		6b		
	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at source	( ,			
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiur		. 01		
g	Other credits, adjustments, and payments: Form		▶ 6g		
7	Total payments. Add lines 6a through 6g			7	
	Estimated tax penalty (see instructions). Check if F				
	<b>Tax due.</b> If line 7 is smaller than the total of lines 4				NONE
	<b>Overpayment.</b> If line 7 is larger than the total of line				
	Enter the amount of line 10 you want: <b>Credited to 2022 e</b>		Refund		
	t IV Statements Regarding Certair				
	At any time during the 2021 calendar year, over a financial account (bank, securities, or	other) in a foreign country?	If "Yes," the organizati	ion may have to file	Yes No
	FinCEN Form 114, Report of Foreign Bank a	and Financial Accounts. If "Y	es," enter the name of	the foreign country	v
	here ► During the tax year, did the organization receive	a distribution from or was it	the granter of or transfe	pror to a foreign truct?	X X
	If "Yes," see instructions for other forms the organization				
	Enter the amount of tax-exempt interest received of		▶\$		
	Enter available pre-2018 NOL carryovers here <b>&gt;</b> \$		-	carryover	
	shown on Schedule A (Form 990-T). Don't			· · · · · · · · · · · · · · · · · · ·	
	Part I, line 6.		shown here by any di		
5	Post-2017 NOL carryovers. Enter available	Business Activity Code and	post-2017 NOL carry	vovers. Don't reduce	
	the amounts shown below by any NOL claimed on a				
	Business Activity 0	Code	Available post-2	2017 NOL carryover	
			\$		
			\$		
			\$		
			\$		
	Did the organization change its method of account				X
	If 6a is "Yes," has the organization describe explain in Part V.	-	J, 990-EZ, 990-PF, 01		
		<u> </u>			
Part	de the explanation required by Part IV, line 6b. Also,	provide any other additional info	mation See instructions		
1 10010					
	SUPPLEMENTAL INFORM	ATION ATTACHED			
	Under penalties of perjury, I declare that I have e	examined this return, including accomp	anying schedules and statement	ts, and to the best of my know	owledge and
Sigr	belief it is true correct and complete Declaration of prepar			knowledge.	· .
Here				May the IRS discuss the with the preparer show	
	Signature of officer	Date Title		(see instructions)? X Yes	
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Paid			05/04/2023	self-employed P00482	2834
Prep	barer	I			

Firm's address	1201	WALNUT,	SUITE	1700,	KANSAS	CITY,	MO	64106-224	Phone no. 816-2	21-6300
									Fo	orm <b>990-T</b>

Firm's name FORVIS, LLP

Use Only

JSA 1X2741 1.000

Form **990-T** (2021)

Firm's EIN ► 44-0160260

PART	NUMBER:	V
LINE	NUMBER:	N/A

#### EXPLANATION:

#### \_\_\_\_\_

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