

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the Form(s) 990 (and 990-T, if applicable), available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to the Form 990 (and 990-T if applicable) and all required schedules and attachments. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to its Form(s) 990 (and 990-T, if applicable) through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availabilityrequirements

Please contact your FORVIS advisor if you have questions about these rules.

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 Internal Revenue Service 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/form990.

OMB No. 1545-0047

Inspection

C. Name of organization D Employer identification	
	lumber
B Check if applicable: KANSAS CITY SYMPHONY	
Address change Doing Business As 43-129747	5
Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number	
Initial return 1644 WYANDOTTE ST (816) 471-	-1100
Terminated City or town, state or province, country, and ZIP or foreign postal code	
Amended return KANSAS CITY, MO 64108 G Gross receipts \$ 25,	248,033.
Application pending F Name and address of principal officer: DANIEL BECKLEY H(a) Is this a group return for subordinates?	Yes X No
1644 WYANDOTTE ST, KANSAS CITY, MO 64108 H(b) Are all subordinates included?	Yes No
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see in	structions)
J Website: WWW.KCSYMPHONY.ORG	
K Form of organization: X Corporation Trust Association Other L Year of formation: 1983 M State of legal	I domicile: MO
Part I Summary	
1 Briefly describe the organization's mission or most significant activities: <u>THE VISION OF THE KANSAS CITY SY</u>	MPHONY
2 IS_TO_TRANSFORM_HEARTS, MINDS_AND_COMMUNITIES_THROUGH_THE_POWER_OF	
SYMPHONIC MUSIC.	
IS_TO_TRANSFORM_HEARTS, MINDS_AND_COMMUNITIES_THROUGH_THE_POWER_OF SYMPHONIC_MUSIC. Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)	0.5
	26
ed s s 54Number of independent voting members of the governing body (Part VI, line 1b)455Total number of individuals employed in calendar year 2022 (Part V, line 2a)5	19
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6	369
	500
Image: Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta Image: Data to b Net unrelated business taxable income from Form 990-T, line 34 Ta	NONE
	urrent Year
	0,186,031.
9 Program service revenue (Part VIII, line 2g) COPY FOR 6,646,298.	7,537,309.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,877,293.
Image: Second	-636,282.
	9,964,351.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) NONE	170,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE
	3,445,594.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,912,128. 16a Professional fundraising fees (Part IX, column (A), line 11e) 125,304. b Total fundraising expenses (Part IX, column (D), line 25) ▶1,504,873. 1.504,873.	132,272.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,504,873.	
Image: Contract of the second secon	7,912,847.
	21,660,713.
	1,696,362.
ອອງ Beginning of Current Year	End of Year
Beginning of Current Year20Total assets (Part X, line 16)21Total liabilities (Part X, line 26)22Net assets or fund balances. Subtract line 21 from line 20.	84,227,459.
21 Total liabilities (Part X, line 26) 7, 285, 362.	9,040,146.
	5,187,313.
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	dge and belief, it is
Sign Signature of officer Date	
Here	
Type or print name and title	
Print/Two proposido pomo Proposido cianoturo Dato DTN	
Paid	82834
Preparer	60260
	21-6300
	Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

(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 in	۲	axpayer identification nu	Imbei	r (TIN)			
print					-1297475			
File by the	KANSAS CITY SYMPHONY Number, street, and room or suite no. If a P.O. bo	5						
due date for								
filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
instructions.	KANSAS CITY, MO 64108	0						
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	r Form 990-EZ	01	Form 1041-A				08	
Form 4720		03	Form 4720 (other than	individual)			09	
Form 990-Pl		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	
	(corporation)	07						
 If the orga If this is for the whole a list with the 1 I requestore for the X 2 If the tag 	e No. ► <u>816</u> <u>218-2610</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ► []. I <u>e names and TINs of all members the extens</u> est an automatic 6-month extension of time u organization named above. The extension is calendar year 20 or tax year beginning <u>07/</u> ax year entered in line 1 is for less than 12 m change in accounting period	ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2022	oup Exemption Number (Gart of the group, check thi 05/15_, 2024 ganization's return for:	EN)s box	i t org 20 <u>2</u>	If th and att anizati	his is tach	
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							NONE	
	ted tax payments made. Include any prior yea		· · · ·		3b	\$	NONE	
c Balanc	e due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment Syster	clude you	r payment with this for	rm, if required, by				
	u are going to make an electronic funds withdraw			ee Form 8453-TE and Fo	3c orm 8	7	NONE for paymen	
	at and Danarywork Deduction Act Nation and inst	ructions			Farm		(Day: 4.0000	

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

Form 8868 (Rev. 1-2022)

		KANSAS C	ITY SYMPHONY	4	43-1297475
-	n 990 (2022)				Page 2
Pa		Program Service Ac			
			sponse or note to any line in this	Part III	X
1	Briefly describe the orga	anization's mission:			
	SEE SCHEDULE O				
<u> </u>	Did the organization up	dortako ony cignifio	ant program convises during the	e year which were not listed o	n tha
	If "Yes," describe these	.∠: new services on Sch			
				in how it conducts, any pro	aram
Ũ					
	If "Yes," describe these				
4	Describe the organizat	ion's program servi	ce accomplishments for each	of its three largest program s	services, as measured by
				report the amount of grants a	and allocations to others
	the total expenses, and	revenue, if any, for e	ach program service reported.		
4a	(Code:) (E	xpenses \$ 17,783	, 560. including grants of \$	170,000.) (Revenue \$	7,537,309.)
	SEE SCHEDULE O				
46	(Codo:) (E	vronoco ¢	including grants of f) (Revenue \$	<u></u>
40	(Code) (E) (Revende \$)
4c	(Code:) (E	xpenses \$	including grants of \$) (Revenue \$)
<u></u>	Other program services	(Describe on Schod			
4u		including gran		enue \$)	
4e	Total program service e	xpenses	7.783.560	οποσ ψ)	
JSA			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2022)
2E1(020 1.000 644532 K922 04	/11/2024 08:2	7:51 V22-7.11 005248	9	6
		,		-	~

Form 9	990 (2022)		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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	<u> </u>
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? If "Yes," complete Schedule C, Part II.	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	--		
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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<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			
<i>.</i> –	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? If "Yes," complete Schedule G, Part 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?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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Form **990** (2022)

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Pane	4

Part W Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grans or other assistance to or for domesic individuals on Part IX, continue Abechdue I, Part IA 22 X 23 Did the organization areas wer Yes' to Part VII. Sechedue I, Part IA A or 5, about compensation of the organization areas taxe-scenpt 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/ites 244 X 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 244 25 Section 501(c)(3), 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 246 26 Did the organization aware that It engaged in an excess benefit transaction with a disqualified person during the year? 256 27 Did the organization aparts or other assistance to any current or former officer, fuestor, trustee, key employee, creator or founder, substantial contributor or 390 or 905-E27 7 28 Did the organization aparty to a business transaction bar of the organization foreaction committee member of any other substantial contributor or 390 or 905-E27 7 29 Did the organization receive aparts. No enderse persons? If 'Yes', complete Schedule L, Part I. 26 × <th>-</th> <th>90 (2022)</th> <th></th> <th>F</th> <th>Page 4</th>	-	90 (2022)		F	Page 4
22 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III . 22 x 23 Did the organization report man former officers, directors, trustees, key employees, and highest compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than 5100.000 as of the last days behadue I. If Was, "complete Schedule I, Part IV, and the organization maintain an escreta exempt bonds beyond a temporary period exception". 24.0 24.0 Did the organization maintain an escreta vaccuum other than a refunding principal amount of more than to to detect any torce-eard of tax exempt bonds a temporary period exception". 24.0 25.0 Section 50(1(2)), 50(1(4)), 40(1(4)), 40(5(1)(2)) organizations. Dit the organization engage in an excess benefit transaction with a disqualified person during the year?. 25.6 x 25.0 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or tamely member of any of these persons? If "Yes," complete Schedule L, Part I, and the transaction with an existence to any and exception? 26 x 29 Did the organization proved target and y of these persons? If "Yes," complete Schedule L, Part II, and Yes, complete Schedule L, Part I	Part	V Checklist of Required Schedules (continued)			
Part IX, column (A), line 27 if "res," complete Schedule I, Parts I and III. 22 X 21 Did the organization rever "res" to Part VIII. Section A. Ins 3. 4, or 5, about componsation of the organization's current and former officers, directors, trustees, key employees, and highest componented schedule A. X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued dather Decombol 31, 2002" If "Yes," comprete Schedule A. Z4a 24 Did the organization means any proceeds of Dia exeempt bonds beynd a temporary priod exception? Z4b Z4c 24 Did the organization means any proceeds of Dia paratetine haves in the during the year? Z4c Z4d 25a Section Scholube (J, and Stoff-Q) organization. Z4b Z4d 25a Section Scholube (J, And Stoff-Q) organization. Z4b Z4d 25a X Did the organization means the store regords on any time during the year? Z4c 25a X Did the organization revers that it engaged in an excess benefit transaction with a disqualified person tary amount on Part X, line 5 or 22. for recelvables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor or 35% controlled entity of mainty member of any or these spectros? If "Yes," complete Schedule L, Part I. Z6 X 27 X Was the organization ceptot any amount on Part X, l				Yes	No
23 Did the organization answer Yes' to Part VII. Section A. Ine 3. 4, or 5, about compensation of the organizations current and former officer, directors, trustees, key employees, and highest compensation of the through 24 and complete Schedule J. 23 X 24 Did the organization have a tax-exempt bood issue with an outstanding principal amount of more than through 24 and complete Schedule J. Why go to line 25a 24a X b Did the organization have a tax-exempt bood issue with an outstanding acrow at any time during the year 24a X c Did the organization and the bood? 24a 24b 24c d Did the organization and the organization across benefit transaction with a disqualified person during the year? 24d 22d 253 Section 501(c)(a) 501(c)(a) and 501(c)(a) organization across benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I. 22a X 25 Did the organization avea that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I. 22b X 26 Did the organization avea that it engaged in any core to founder, substantial contributor, or 35% controlled entity (including an employee, thereof) or family member of any othese persons? If "Yes," complete Schedule 1, Part II. 22b X 27 Did the organization prove thereol agrant or there assistance to any ore threes or panyebles to any othese persons	22				
organization's current and former officers, trustees, key employees, and highest composed and the schedule / 1 we's, complete Schedule / 1 we's, issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If 'Yes,' complete Schedule / 1 we's, issue after December 31, 2002? If 'Yes,' answer fixes 24b 240 Did the organization namina an ecrow account other than a refunding sectors at any time during the year 24b 241 Did the organization andiani an ecrow account other than a refunding sectors at any time during the year? 24c 25 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 in a prior year, and that the transaction has not been reported on any current or former officer, furctor, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramity member of any of these spectros? If 'Yes,' complete Schedule L, Part I. 25 X 27 Did the organization reported on any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramity member of any of these spectros? If 'Yes,' complete Schedule L, Part I. 26 X 28 Was the organization reported an any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity, relation, substantial contributor, if 'Yes,' complete Schedule L, Part I. 26 X 29 Did the organization reported an any creation or founder, substantial contributor, if 'Yes,' complete Schedule L, Part I. 26 X 29 Did			22		X
employees? // "Ves" complete Schedule J. 23 X 240 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? // "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a. 24a X 240 Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception",, 24b 24a X 250 Did the organization mean scrow account other than a refunding scrow at any time during the year? 24d 24d 251 Section Sol(c)(3), SOI(c)(4), and SOI(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25d X 255 Section SOI(c)(3), SOI(c)(4), and SOI(c)(2) organizations. Did the organization's pior Forms 900 or 900-C2? 25b X 270 Did the organization aver that it engaged in an excess beefit transaction with an disqualified person in a prior year, and that the transaction with or Soi 22, for receivables from or payables to any current or former officer, furstele, key pelloylee, creator or founder, disection commitkey employee, creator or founder, substantial contributor, or savial complexes thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I. 26 X 270 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L.	23	-			
244 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, thick was issue darte December 31, 2002? If Yes, "answer lines 24a 24a 2 Did the organization maintain an escow account other than a refunding escrew at any time during the year? 24a 2 Did the organization mestania an escow account other than a refunding escrew at any time during the year? 24d 2 Did the organization mestania an escow account other than a refunding escrew at any time during the year? 24d 2 Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any ot the organization person bay or yables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled on they servers, or maplex Schedule L, Part I,, 26 X 2 Did the organization reported an any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part II,, 26 X 2 M at corganization reported analy thresholds, conditions, and exceptions; 28a X 2 M at corganization reported con any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If ''ss, complete Schedule L, Part II', 26 X 2 M at family member of any of these persons? If 'Yes, complete Schedul					
\$10.000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer 18:2 40 x b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a x c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a x d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24a x 253 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24a 254 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24a 255 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations profie forms 900 or 900-E27 11' Yes,' complete Schedule L. Part I. 25b X 260 Did the organization action regimes that i engaged the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any current or former officer, director, trustee, key employee, creator or founder, a grant selection committee member, or to a 30%, controlled entity of new solds, and or organization act as the schedule L. Part II. 27 X 28 Was the organization act as the solds. The schedule L. Part II. 27 X 28 A current o			23	X	
through 244 and complete Schedule K /f "Ao," go to line 25a 24a x b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24a c Did the organization exceempt bonds? 24a 25a 25a 25b 25a 25a 25a 25a 25b 25b 25b 25a 25b 25b 25b 25a 25b 25a 25b 25b 25b 25a 25a <td>24 a</td> <td></td> <td></td> <td></td> <td></td>	24 a				
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 x 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 x 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a x 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2 35b 36 37 Did the organization complete Schedule R, Part V, line 2 36 x 37 Did the organization complete Schedule R, Part V, line 2 36 x 38 Did the organization complete Schedule R, Part V, line 2 37 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 x 9 Note: All Form 990 filers are required to complete Schedule O. 1a 88 x <td< th=""><td>24</td><td></td><td></td><td></td><td></td></td<>	24				
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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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a x 35 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V. 37 x 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 x 14 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1a 1a 88 1c X 150 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	32		22		v
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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 88 1b NONE Legond gaming (gambling) winnings to prize winners?	33		52		
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a				
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Image: Check if Schedule O contains a reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? JSA Fam 990 (2022)			37		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 88 Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 88 Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 88 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	_		38	Х	
Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 88 Image: Second	Part				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 88 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check It Schedule O contains a response or note to any line in this Part V	• • •		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
reportable gaming (gambling) winnings to prize winners?					
	С		10	v	
					(2022)

Form	990 (2022)		F	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 369								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	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							
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						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12	-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-							
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
40.	against amounts due or received from them.)	12a							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a							
		-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	Note: See the instructions for additional information the organization must report on Schedule O.	Tou							
h	Enter the amount of reserves the organization is required to maintain by the states in which								
D D	the organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand	1							
	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		x					
	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, or any disqualified or other person engage in any activities								
-	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

Form 9	90 (2022) KANSAS CITY SYMPHONY 43-129	7475	F	Page 6
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	v, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		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 26	_		
	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 1b 19	-		
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			37
-	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 X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	10		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stackholders or parcents other than the governing body?	7b		x
ø	stockholders, or persons other than the governing body?			
8	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		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		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			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	<u> </u>
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	<u> </u>
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a	Λ	x
b	Other officers or key employees of the organization	130		
40-	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	16a		x
h	with a taxable entity during the year?	Tou		
D	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedKS , MO ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	501(c)
	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that apply.			0 (0)
	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 inte	rest n	olicv.
-	and financial statements available to the public during the tax year.		- · F	~ , ,
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	ds		
	SARA LOHE, CFO 1644 WYANDOTTE ST KANSAS CITY, MO 64108			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck s pe	more erson	e than one is both an or/trustee) Former employee employee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DANIEL BECKLEY	50.00									
CHIEF EXECUTIVE OFFICER	NONE	x		Х				309,658.	NONE	38,824.
(2) ALEX SHAPIRO	40.00									· · · ·
VICE PRESIDENT OF PHILANTHROPY	NONE					x		159,511.	NONE	19,712.
(3) JOHN ROLOFF	40.00									
CHIEF OPERATING OFFICER	NONE					X		127,573.	NONE	16,258.
(4) JEFF BARKER	40.00									
VICE PRESIDENT OF MARKETING	NONE					Х		125,048.	NONE	16,558.
(5) SARA LOHE	40.00									
CHIEF FINANCIAL OFFICER	NONE			Х				102,536.	NONE	35,111.
(6) JUN IWASAKI	30.00									
CONCERTMASTER	NONE					X		109,327.	NONE	22,359.
(7) STIRLING TRENT	30.00									
ASSOCIATE CONCERTMASTER	NONE					X		100,014.	NONE	22,146.
(8) KRISTINA FULTON	30.00									
DIRECTOR	NONE	Х						98,614.	NONE	23,262.
(9) MICHAEL STERN	8.00									
MUSIC DIRECTOR	NONE	Х						89,724.	NONE	31,625.
(10) ELENA LENCE TALLEY	1.00									
FORMER DIRECTOR	NONE						Х	79,976.	NONE	39,239.
(11) SHANNON FINNEY	30.00									
DIRECTOR	NONE	Х						93,469.	NONE	23,088.
(12) KRISTIN VELICER	1.00									
DIRECTOR	NONE	Х						77,517.	NONE	36,801.
(13) PORTER HENDERSON III	30.00									
DIRECTOR	NONE	X						85,939.	NONE	21,114.
(14) ABIGAIL M. WENDEL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form **990** (2022)

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	yee	es,	and I	Higl	nest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more rson	e than c is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) BEBE KEMPER HUNT	1.00									
DIRECTOR	NONE	x						NONE	NONE	NONI
16) DR. ANDREA FEINBERG	1.00	v						NONE	NONTE	NONI
DIRECTOR	NONE 1 00	X						NONE	NONE	NON
17) DR. VALERIE CHOW	<u>1.00</u> NONE	x						NONE	NONE	NONI
18) GENA M. WILLIAMS	1.00	- 21						NONE	NONE	NOW
DIRECTOR	NONE	x						NONE	NONE	NONI
19) JILL MARCHANT	1.00									
DIRECTOR	NONE	x						NONE	NONE	NONI
20) JIM REED	1.00									
DIRECTOR	NONE	x						NONE	NONE	NON
21) KENNETH HAGER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
22) LINDA GILL TAYLOR	1.00_									
VICE CHAIR	NONE	X		Х				NONE	NONE	NON
23) LIZ HJALMARSON	1.00_									
DIRECTOR	NONE	Х						NONE	NONE	NON
24) MARNY SHERMAN	1.00_									
DIRECTOR	NONE	Х						NONE	NONE	NON
25) MICHAEL D. FIELDS	1.00_									
VICE CHAIR	NONE	X		Х				NONE	NONE	NON
1b Sub-total							►	1,558,906.	NONE	346,097.
c Total from continuation sheets to Part V	II, Section A						►	NONE	NONE	NONI
d Total (add lines 1b and 1c)								1,558,906.	NONE	346,097

reportable compensation from the organization F	7

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
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
5	<i>individual</i>
5	for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

JSA 2E1055 1.000

Yes No

3

4

5

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and H	lig	hest Compensat	ed Employees	3 (continu	.ed)
(A) Name and title	Name and title Average hours per week (list any hours for offii		(C) Position (do not check more than on box, unless person is both a officer and a director/trusted				an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	om a	(F) Estimated amount of other mpensation
	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 rganization Ind related ganizations
26) MICHAEL GENTRY	1.00	_									
DIRECTOR	NONE	X						NONE	NC	NE	NON
27) PAT MCCOWN	1.00	_									
BOARD CHAIR	NONE	X		Х				NONE	NC	NE	NON
28) SHIRLEY BUSH HELZBERG	1.00	-									
CHAIR EMERTIA	NONE	X		Х				NONE	NC	NE	NON
29) SPENCE HEDDENS	1.00										
DIRECTOR	NONE 1 00	X						NONE	NC	NE	NON
30) SUSAN NEWBURGER	1.00	v						NONE		NTE	NONT
DIRECTOR 31) URSULA TERRASI	NONE 1.00	X						NONE	NC NC		NON
DIRECTOR	NONE	x						NONE	NC	NF	NON
32) WILLIAM B. TAYLOR	1.00							INCINE		1111	1011.
SECRETARY/TREASURER/VICE CHAIR	NONE	x		x				NONE	NC	NE	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 	limited to t						re	eceived more than	\$100,000 of		
reportable compensation from the organizatio	n 🕨										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											X
4 For any individual listed on line 1a, is the organization and related organizations gr individual.	eater than	\$15	50,0	00?	P If	"Yes	s,"	complete Schedu	sation from the Ile J for such	2 7 4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>											x
Section B. Independent Contractors											
 Complete this table for your five highest component of the organization. Report of year. 											x
(A) SEE SCHEDULE O Name and business ad	dress							(B) Description of se	ervices	(C Compe	
							+				
2. Total number of independent contractors (i											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>** 10 JSA 2E1055 1.000

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Form 990 (2022)

KANSAS CITY SYMPHONY

Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse or note to an	v line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ູ່. ເບີ	1a	Federated campaigns	a				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰË	c	Fundraising events					
fts,	d	Related organizations					
nila	e	Government grants (contributions)					
Sin's	f	All other contributions, gifts, grants,					
er (and similar amounts not included above 1	5,953,911.				
ž	g	Noncash contributions included in					
dr	9	lines 1a-1f	\$ 248,365.				
aCo	h		,	10,186,031.			
			Business Code				
e	2a	TICKET SALES	711190	6,445,930.	6,445,930.		
Program Service Revenue	za b	PERFORMANCE FEES	711190	1,091,379.	1,091,379.		
Se				,,	,,		
an	C d		-				
2 B C C C C C C C C C C C C C C C C C C	d		-				
Pro	e		-				
	f g	All other program service revenue Total. Add lines 2a-2f		7,537,309.			
	3	Investment income (including dividend		,,			
	5	other similar amounts).		2,881,591.			2,881,591.
	4	Income from investment of tax-exempt b		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 3,0	0.0				
		Less: rental expenses 6b					
	b		00. NONE				
	с с	Net rental income or (loss)		3,000.			3,000.
	d 7a	Gross amount from (i) Securities		5,000.			5,000.
	10	sales of assets					
		other than inventory 7a 3,926,8	76				
-	h		/0.				
evenue	b	Less: cost or other basis and sales expenses 7b 3,930,8	82. 292.				
ivel							
2				-4,298.			-4,298.
Other	d	Net gain or (loss)		4,250.			4,250.
Ę	8a	5					
		e rente (net moraanig ¢					
		of contributions reported on line	662,874.				
	b			-689,634.			-689,634.
	c	Net income or (loss) from fundraising eve		-009,034.			-009,034.
	9a	Gross income from gaming	none				
		,					
	b			NONE			
	С	Net income or (loss) from gaming activit	es	NONE			
	10a	Gross sales of inventory, less	0a NONE				
		returns and allowances • • • • • • 1					
	b c	Less: cost of goods sold	0b NONE	MONT			
	<u> </u>	recincome or (1055) nom Sales of inventor		NONE			
sno			Business Code	F0.050			F0.055
nec	11a	MISCELLANOUS REVENUE	900099	50,352.			50,352.
llaı /en	b		_				
Miscellaneous Revenue	с		_				
Miš	d	All other revenue					
	e			50,352.			
	12	Total revenue. See instructions		19,964,351.	7,537,309.		2,241,011.

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 _ X (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 170,000 and domestic governments. See Part IV, line 21 170,000 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 1,204,216. 701,914. 422,834. 79,468. 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 9,166,777. 8,109,597. 483,246. 573,934. 680,066. 17,595. 17,452. 645,019. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,554,054. 1,429,541 30,412 94,101. 840,481. 733,661. 54,790. 52,030. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 220,929 220,929 **b** Legal 61,080. 61,080 c Accounting NONE d Lobbying 132,272 132,272. e Professional fundraising services. See Part IV, line 17. 21,315. 21,315. f Investment management fees SEE SCHE O g Other. (If line 11g amount exceeds 10% of line 25, column 2,355,192. 1,979,791. 233,593. 141,808. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 870,210 863,828. 6,382. 1,017,813. 608,073. 81,229. 328,511. 13 Office expenses 14 Information technology 132,743. 132,743. NONE 15 Royalties 143,974. 24,296. Occupancy 431,924 263,654 16 491,181 378,134 103,895. 9,152. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials NONE Conferences, conventions, and meetings 19 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 281,957 177,280 67,792. 36,885. 22 135,899 120,799. 7,550. 7,550. 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 1,518,247. 1,518,247. 173,026 173,026. CREDIT CARD PROCESSING FEE b c BAD DEBT EXPENSE 65,841 65,841. d DUES AND SUBSCRIPTIONS 65,230 31,128. 33,070. 1,032. 70,260 52,894 17,366. e All other expenses Total functional expenses. Add lines 1 through 24e 21,660,713. 17,783,560. 2,372,280. 1,504,873. 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 (2022)

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	KANSAS CITY SIMPHONY		45	129/4/5
m 990				Page 11
art X		a et V		
	Check if Schedule O contains a response or note to any line in this P			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	10,710,612.	1	1,452,878
2	Savings and temporary cash investments.	4,416,857.	2	12,902,017
3	Pledges and grants receivable, net	3,950,173.	2	2,017,550
4	Accounts receivable, net	3,233,372.	3 4	479,110
5	Loans and other receivables from any current or former officer, director,	5,255,572.	4	4/9,110
5	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NOI
6	Loans and other receivables from other disqualified persons (as defined	NOINE	5	101
0	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	NONE	6	NOI
7	Notes and loans receivable, net	NONE		NOI
7 8	Inventories for sale or use	7,430.	8	6,359
9	Prepaid expenses and deferred charges	440,886.	9	730,738
-	Land, buildings, and equipment: cost or other	110,000.	9	/30,/30
104	basis. Complete Part VI of Schedule D 10a 3,961,027.			
Ь	Less: accumulated depreciation	2,648,426.	100	2,574,000
11	Investments - publicly traded securities.	52,916,885.	11	60,544,071
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		3,520,730
16	Total assets. Add lines 1 through 15 (must equal line 33)	78,324,641.	16	84,227,459
17	Accounts payable and accrued expenses	1,815,493.	17	1,922,005
18	Grants payable	NONE		NO
19	Deferred revenue	3,469,869.	19	3,539,933
20	Tax-exempt bond liabilities	NONE	-	NO
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	-	NO
	Loans and other payables to any current or former officer, director,			110
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	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	NO
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	25	3,578,208
26	Total liabilities. Add lines 17 through 25	7,285,362.	26	9,040,146
27 28 29 30 31 32	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	23,219,567.	27	25,639,072
28	Net assets with donor restrictions.	47,819,712.	28	49,548,241
20	Organizations that do not follow FASB ASC 958, check here	47,019,712.	20	17,510,21
	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	
32	Total net assets or fund balances	71,039,279.	32	75,187,313
33	Total liabilities and net assets/fund balances	78,324,641.	33	84,227,459
		, , , , , , , , , , , , , , , , , , ,		Form 990 (202

KANSAS	CITY	SYMPHONY

m 990 (2022)

Form 99	90 (2022)				Pa	ge 1Z
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				351.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	1,6	60,	713.
3	Revenue less expenses. Subtract line 2 from line 1	3				362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				279.
5	Net unrealized gains (losses) on investments	5				396.
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	5,1	87,	<u>313</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII.					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain d	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com		E E			
	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					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	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 tl	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b		

Form **990** (2022)

Page	1	2
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SCHE	DU	LE	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. Go to www.irs.gov/Form990 for instructions and the latest information.

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

Department of the Treasury	
Internal Revenue Service	

N

Nam	e of t	he organization					Employer identif	ication number	
KAI	ISA	S CITY SYMPHONY					43-1	297475	
Ра	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	ns.	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2									
3									
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's name, city, and s							
5		An organization operated		a college or universit	y ownee	d or ope	erated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (0							
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general put described in section 170(b)(1)(A)(vi) (Complete Part II)								om the general public	
described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	<u> </u>	-					l in a naisse ation suith a	land mant calls as	
9		An agricultural research or	-			-	-		
		or university or a non-land-	grant college of ac		.ions). E		name, city, and state c	i the college of	
10	x	university:	Illy receives (1) ma	ore than 331/2% of its	support	from cou	ntributions members	nin fees and gross	
		receipts from activities rela	ited to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its	
		support from gross investm acquired by the organization	nent income and u	nrelated business tax	able inco (a)(2) ((ome (les:	s section 511 tax) from	n businesses	
11		An organization organized							
12		An organization organized		•	•			rry out the purposes of	
		one or more publicly suppo	-	-	-				
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	12e, 12f, and 12g.	
а		Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	ees of the	
	_	supporting organization.	You must complet	e Part IV, Sections A	and B.				
b		Type II. A supporting org							
		control or management of			the sam	e persor	ns that control or man	nage the supported	
		organization(s). You must	-						
С		Type III functionally inte						Illy integrated with,	
	Г	its supported organization							
d		Type III non-functionally			-			- · ·	
		that is not functionally inter-			-		-	d an allentiveness	
е	Γ	 requirement (see instruct Check this box if the organization 	-	-					
e		functionally integrated, or						п, туре п	
f	En	iter the number of supported			porting t	nganizai			
g		ovide the following information	•						
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No		matructions)	
(A)									
(~)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For	Pape	erwork Reduction Act Notice, s	see the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2022	

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2022 (li		,. ,		,	14	%
15	Public support percentage from 2021						%
16a	331/3% support test - 2022. If the org	-					
	box and stop here. The organization q						
b	331/3% support test - 2021. If the org	•					
	this box and stop here . The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
17a							
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Expla Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support							•
	_			-	-		
h	organization						
a	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization most					-	
	in Part VI how the organization meets			-			
18	organization. Private foundation. If the organization						
10	instructions						

Schedule A (Form 990) 2022

43-1297475

Page 3

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	8,659,248.	10,000,221.	10,831,926.	13,417,188.	10,186,031.	53,094,614.
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	8,264,538.	5,211,799.	1,900,019.	6,646,298.	7,537,309.	29,559,963.
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	16,923,786.	15,212,020.	12,731,945.	20,063,486.	17,723,340.	82,654,577.
7a	Amounts included on lines 1, 2, and 3						
	received from disgualified persons	3,596,593.	3,432,144.	3,343,179.	5,124,017.	2,507,323.	18,003,256.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						NONE
с	Add lines 7a and 7b	3,596,593.	3,432,144.	3,343,179.	5,124,017.	2,507,323.	18,003,256.
8	Public support. (Subtract line 7c from						
	line 6.)						64,651,321.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	16,923,786.	15,212,020.	12,731,945.	20,063,486.	17,723,340.	82,654,577.
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	1,120,827.	2,164,595.	1,926,526.	2,381,097.	2,884,591.	10,477,636.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
с	Add lines 10a and 10b	1,120,827.	2,164,595.	1,926,526.	2,381,097.	2,884,591.	10,477,636.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	279,867.	122,520.	31,126.	1,443,347.	50,352.	1,927,212.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	18,324,480.	17,499,135.	14,689,597.	23,887,930.	20,658,283.	95,059,425.
14	First 5 years. If the Form 990 is for	r the organizatio	on's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percentag	ge				
15	Public support percentage for 2022 (line 8	, column (f), divide	ed by line 13, colur	mn (f))		15	68.01%
16	Public support percentage from 2021 Sche	edule A, Part III, lin	e15			16	67.75%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2022 (li	ne 10c, column (f), divided by line 1	3, column (f))		17	11.02%
18	Investment income percentage from 2021					18	9.48%
19 a	331/3% support tests - 2022. If the or	rganization did n	ot check the bo	x on line 14, ar	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and stop	here. The organ	ization qualifies	as a publicly su	pported organiza	ation X
b	331/3% support tests - 2021. If the org	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifie	es as a publicly	supported organi	zation .
20	Private foundation. If the organization	did not check a	box on line 1	4, 19a, or 19b,	check this box	k and see instru	ictions
JSA 2E122	1 1.000					Schedule	A (Form 990) 2022

(Complete only if you checked a box on line 12 of 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.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

Yes No

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Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?a 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?b A family member of a person described on line 11a above?
 - c 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**.

Section B. Type I Supporting Organizations

- 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? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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

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).

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? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

1	1 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	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>							
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).							
•	Asticities Test. Assessmentions On and Ok halses	Yes	No					
2	Activities Test. Answer lines 2a and 2b below.							

- a 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.*
- **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.*

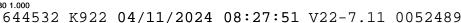
	Schedule A (Form 990) 2022
~	

2a

2b

3a

3b



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Yes No

Yes No

11a 11b

11c

1

2

43-1297475

Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 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 5 Income tax imposed in prior year 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) 2022

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Current Year							
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	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	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022							
	(reasonable cause required - <i>explain in Part VI).</i> See							
	instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
d	Excess from 2021							
e	Excess from 2022							

Schedule A (Form 990) 2022

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) 2022

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
EMPLOYEE RETENTION CREDIT MISCELLANEOUS	NONE 279,867.	NONE 122,520.	NONE 31,126.	1,431,926. 11,421.	NONE	1,431,926. 495,286.
TOTALS	279,867.	122,520.	31,126.	1,443,347.	50,352.	1,927,212.

SCHEE	DULE D
(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 **Open to Public**

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990					Open to Pu	DIIC
	rnal Revenue Service	Go to www.irs.gov/F	Form990 for instructions	and the late	est informa			Inspection	
	e of the organization					Emp	oloyer identifica	ation number	
	NSAS CITY SYMP						43-1297	475	
Pa	_	tions Maintaining Donor Advi				Acco	ounts.		
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, lin	ie 6.				
			(a) Donor advis	ed funds			(b) Funds and	l other accounts	
1	Total number at e	nd of year							
2	Aggregate value o	of contributions to (during year) .							
3	Aggregate value o	of grants from (during year)							
4	Aggregate value a	at end of year							
5	Did the organizati	ion inform all donors and donor	advisors in writing th	at the asse	ets held i	in dor	nor advised		
	funds are the orga	inization's property, subject to the	organization's exclusiv	ve legal cor	ntrol?			Yes	No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in v	vriting that	grant fu	nds c	an be used		
	only for charitable	e purposes and not for the benef	fit of the donor or don	or advisor,	or for an	ny oth	ner purpose		
	conferring imperm	nissible private benefit?						Yes	No
Pa		tion Easements.							
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, lin	ne 7.				
1	Purpose(s) of con	servation easements held by the	organization (check all	that apply).					
	Preservatio	n of land for public use (for example	, recreation or education)	Prese	ervation o	of a hi	istorically im	portant land are	a
	Protection c	of natural habitat		Prese	ervation o	of a co	ertified histo	oric structure	
	Preservatio	n of open space							
2	Complete lines 2a	through 2d if the organization he	eld a qualified conserva	ation contri	bution in	the fo	orm of a cor	servation	
	easement on the I	ast day of the tax year.			[Held at the	End of the Tax Y	/ear
а	Total number of co	onservation easements			[2a			
b		tricted by conservation easements				2b			
С	-	vation easements on a certified l				2c			
d		vation easements included in (c)		. ,					
		e listed in the National Register				2d			
3		rvation easements modified, trai				nated	by the ora	anization during	a the
-	tax year		,,						5
4		where property subject to conse	rvation easement is loc	ated					
5		ation have a written policy reg				on. h	andling of		
-	-	orcement of the conservation eas		-	-		-	Yes	No
6		hours devoted to monitoring, inspe							
-		5, 1	3 , 1 3	,	5			3	,
7	Amount of expens	es incurred in monitoring, inspect	ting, handling of violatio	ns. and enf	orcina co	nserv	vation easem	nents durina the	vear
		3, 1	3,	-,	J			J	,
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the re	auirements	s of sectio	on 170)(h)(4)(B)(i)		
)(4)(B)(ii)?						Yes	No
9		cribe how the organization rep							and
		d include, if applicable, the text					•		
		ounting for conservation easeme		0					
Pa	art III Organiza	tions Maintaining Collections	of Art, Historical Tr	easures, o	or Other	Sim	ilar Assets		
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, lin	ne 8.				
1a	If the organization	elected, as permitted under FA	SB ASC 958, not to r	eport in its	revenue	e state	ement and I	palance sheet v	vorks
	of art, historical t	n elected, as permitted under FA treasures, or other similar asset	s held for public exh	ibition, ed	ucation,	or re	search in fu	urtherance of p	oublic
		Part XIII the text of the footnote							
b		n elected, as permitted under FA							
		sures, or other similar assets hel ing amounts relating to these iter		, equivation	i, or rese	aiCN	minumeran	ce of public se	i vice,
		ded on Form 990, Part VIII, line 1					.\$		
		d in Form 990, Part X							
2		n received or held works of ar							
-	-	s required to be reported under F				00010			5 110
а		on Form 990, Part VIII, line 1.					\$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.						
b	Assets included in Form 990, Part X.					
a						

\$

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Sche		SAS CITY SYMPI							129747		age 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures	s, or C	Other Sin	nilar Assets ((continue	ed)	
3	Using the organization's acquisitio collection items (check all that appl		other recor	ds, checł	k any o	of the	following	that make sig	nificant ι	se o	of its
а	Public exhibition	,	d	Loan	or excha	ange p	orogram				
b	Scholarly research		e	Other		5-1	- J				
С	Preservation for future gener	ations									
4	Provide a description of the organ		and expla	ain how t	hev fur	rther t	he organi	zation's exemi	ot purpos	e in	Part
	XIII.				,		0	·			
5	During the year, did the organization	n solicit or receive o	donations o	of art, histo	orical tr	easure	es, or othe	er similar			
	assets to be sold to raise funds rath								Yes		No
Ра	rt IV Escrow and Custodial A		·								
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	es" on For	m 990, F	Part IV,	line 9), or repo	rted an amou	int on Fo	rm	
1a	Is the organization an agent, trust	tee, custodian or o	ther interm	nediary fo	or conti	ributio	ns or oth	er assets not			
	included on Form 990, Part X?			-					Yes		No
b	If "Yes," explain the arrangement in										-
				Ū				Amoun	t		
с	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow	or cus	todial acc	ount liability?	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation	has be	en pro	vided on F	Part XIII			
Pa	rt V Endowment Funds.										
	Complete if the organiza	tion answered "Ye	es" on For	m 990, F	Part IV,	line 1	10.				
		(a) Current year	(b) Prio	r year	(c) Tw	o years	back (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance	48,724,537.	60,1	90,550.	47,	033,98	3.	45,177,588.	41,	516,5	11.
b	Contributions	1,317,161.	1,39	98,413.	1,	770,82	4.	1,575,655.	2,3	311,7	51.
с	Net investment earnings, gains,										
	and losses	5,537,474.	-7,2	31,327.	13,	578,36	5.	2,104,864.	2,9	04,4	73.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	3,780,756.	5,50	51,900.	2,	127,03	0.	1,768,450.	1,4	96,2	22.
f	Administrative expenses	57,726.		71,199.		65,59	2.	55,674.		58,9	25.
g	End of year balance	51,740,690.	48,7	24,537.	60,	190,55	0.	47,033,983.	45,3	.77,5	88.
2	Provide the estimated percentage			e (line 1g,	column	n (a)) h	eld as:				
а	Board designated or quasi-endowm		%								
b	Permanent endowment 69.00	<u>00</u> %									
С	Term endowment <u>18.0000</u> %										
-	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in	the possession of th	ne organiza	ation that	are hel	d and	administe	red for the		/es	No
	organization by:										NO
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations If "Yes" on line 3a(ii), are the related								3a(ii)		X
		0	•						3b		
4 Po	Describe in Part XIII the intended u rt VI Land, Buildings, and Equ		tion's endo	wment für	nas.						
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation answered "Ye	es" on Foi	rm 990, l	Part IV	, line '	11a. See	Form 990, P	art X, line	e 10	
	Description of property	(a) Cost or	other basis	(b) Cost of	or other ba		(c) Accumu	lated	d) Book val		
4 -	Lond		tment)	(o	ther)		depreciati	ion			
1a ⊾	Land										
b	Buildings			1 0	60 00		450	202	1 -1	0 -	
с С	Leasehold improvements				68,86		450,		1,51		
d	Equipment.			⊥,9	89,37		936,	/04.	1,05		
e Tota	Other I. Add lines 1a through 1e. (Column	(d) must equal Farm	n 000 Davi	X colum	$\frac{2,79}{0}$		•)				<u>97.</u>
TULA	n. Add intes ta uniough te. (Column	(a) must equal FOIT	n 990, Pall	л, coiuini	וו , (ם) י		•/••••	<u></u>	2,57		

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

), Part X, line 12.
ation: ket value
), Part X, line 13.
ation: ket value
), Part X, line 15.
rm 990, Part X,
(b) Book value
3,578,208.
3,578,208.
that reports the
t

Schedu	le D (Form 990) 2022 KANSAS CITY SYMPHONY	43-	-1297475 Page 4				
Part		n.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	27,363,927.				
1	Total revenue, gains, and other support per audited financial statements	1	27,303,927.				
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	7,399,576.				
3	Subtract line 2e from line 1	3	19,964,351.				
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 4a and 4b	4c					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,964,351.				
Part		ırn.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements	1	23,215,893.				
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	1,555,180.				
3	Subtract line 2e from line 1	3	21,660,713.				
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	21,660,713.				
Part	art 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

JSA 2E1226 1.000

FUNDRAISING DIRECT EXPENSES \$ 1,352,508

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING DIRECT EXPENSES

\$ 1,3532,508

(Form 990)	Complete if t	2022								
Department of the Treasury	to Form 990			Open to Public						
Internal Revenue Service Name of the organization	Go	to www.irs.gov/Form9	990 for instru	ictions and t	he latest information.	Employer identification	Inspection			
Ū.						43-129747				
KANSAS CITY SYM Part I Fundraisin										
	EZ filers are not re									
	the organization rais				activities. Check a	all that apply.				
a 🛛 Mail solicita	-	e		-	non-government g					
b X Internet and										
c X Phone solicitations g X Special fundraising events										
d X In-person so										
2a Did the organiza							X Yes No			
	es listed in Form 990, 10 highest paid indiv									
	least \$5,000 by the		(ranalaioo							
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to			
(i) Name and addr or entity (fu		(ii) Activity	custody c	or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization			
SEE SUPPLEMENT	INFORMATION		Yes	No						
1										
2										
2										
3										
4										
5										
7										
8										
9										
10										
	which the organizat				<u>312,244.</u>	132,272.				
registration or lic		lion is registered t	Ji licensed			has been notified	it is exempt from			
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.

Ð			(a) Event #1 <u>SYMPHONY BALL</u> (event type)	(b) Event #2 JEWEL BALL (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts		1,243,748.	1,112,338.	223,220.	2,579,306
Ř	 Less: Contribution Gross income (line) 		1,033,784.	816,522.	66,126.	1,916,432
	line 2)		209,964.	295,816.	157,094.	662,874
	4 Cash prizes					
	5 Noncash prizes					
sesue	6 Rent/facility costs		62,801.	90,592.	11,399.	164,792
Direct Expenses	7 Food and beverag	es	112,427.	431,632.	16,755.	560,814
Direct	8 Entertainment		6,300.	51,806.	12,905.	71,011
	9 Other direct exper	ises	64,111.	421,285.	70,495.	555,891
		nary. Subtract li	ine 10 from line 3, col anization answered "	umn (d) umn (d) Yes" on Form 990, F	<u></u>	1,352,508. -689,634 reported more thar
Revenue	· · · · · · · · · · · · · · · · · · ·	,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Keve	1 Gross revenue					
ses	2 Cash prizes					
ect Expenses	3 Noncash prizes					
Direct E	4 Rent/facility costs					
	5 Other direct exper	ises				
	6 Volunteer labor		Yes %	Yes%	Yes% No	
	7 Direct expense su	ummary. Add lin	nes 2 through 5 in col	umn (d)		

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

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

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

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

Schedule G (Form 990) 2022

 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a memformed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's records: Name ►	No.	Page 3
 formed to administer charitable gaming?		No
 13 Indicate the percentage of gaming activity conducted in: a The organization's facility	mber of a partnership or other entity	_
 a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organiza records: Name ►	Yes	No
 b An outside facility 14 Enter the name and address of the person who prepares the organizarecords: Name ►		
14 Enter the name and address of the person who prepares the organizative records: Name ▶	13a	%
records: Name ►		%
	ation's gaming/special events books and	
Address		
15 a Does the organization have a contract with a third party from will	hom the organization receives gaming	
revenue?		No
b If "Yes," enter the amount of gaming revenue received by the organization	ation ► \$ and the	
amount of gaming revenue retained by the third party \blacktriangleright \$		
c If "Yes," enter name and address of the third party:		
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation \blacktriangleright \$		
Description of services provided ►		
Director/officer Employee Independ	dent contractor	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable di	stributions from the gaming proceeds to	
retain the state gaming license?		No
b Enter the amount of distributions required under state law to be o		
or spent in the organization's own exempt activities during the tax yea	1 5	
Part IV Supplemental Information. Provide the explanation requiremental Information. Provide the explanation requiremental III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applied (see instructions).	ired by Part I, line 2b, columns (iii) and (v), and	

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 : 312,244.
- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 132,272.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 179,972.

STATEMENT 1

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United State							F	омв №. 1545-0047 20 22		
(10111 330)	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
	Attach to Form 990									
Department of the Treasury Internal Revenue Service		Inspection								
Name of the organization	Employer identifi	ployer identification number								
KANSAS CITY SYN	43-12974	75								
	nformation on Grants a									
the selection crit 2 Describe in Part	zation maintain records to teria used to award the gra IV the organization's proc	ants or assistanc cedures for mon	e? itoring the use	of grant funds in the	e United States.			X YesNo		
	nd Other Assistance to		-					"Yes" on Form 990,		
Part IV, li	ne 21, for any recipient	t that received	more than \$5	,000. Part II can b	e duplicated if a	•	needed.			
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc			
(1) NELSON ATKIN MUSE	UM OF ART							SUPPORT		
4525 OAK STREET KANSA	S CITY, MO 64111	44-6012977	501(C)(3)	170,000.				OPERATIONS		
_(2)										
(3)										
_(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
	per of section 501(c)(3) an per of other organizations									

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

Schedule I (Form 990) 2022

43-1297475

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

(a) Type of grant or assistance	(b) Number of recipients (c) Amount of cash grant		(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
1							
2							
3							
4							
5							
6							
7							
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional		

SCHEDULE I, PART I, LINE 2

ONE VOLUNTEER GROUP, THE JEWEL BALL, WHICH IS ORGANIZED UNDER THE

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

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

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

ORGANIZATIONS EQUALLY.

Page 2

SCHEDULE J Compensation Information (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Higher Compensated Employees			F	OMB No.	1545-0	047		
								2022
		Complete if the organization	n ans	swered "Yes" on Form 990, Part IV, line 2	3.	Open to Public		
	nent of the Treasury Revenue Service			h to Form 990. r instructions and the latest information.			ectio	
Name	of the organization				Employer identificati			
KANS	SAS CITY ST	YMPHONY			43-12974	75		
Part	Questio	ns Regarding Compensation						
							Yes	No
1a		propriate box(es) if the organization pro				n		
		Section A, line 1a. Complete Part III to p			-			
		ss or charter travel	X	Housing allowance or residence for	•			
		or companions		Payments for business use of perso				
		emnification and gross-up payments		Health or social club dues or initiation				
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	pens	ses described above? If "No," com	plete Part III t	o		
2		anization require substantiation prior					X	
2	-	stees, and officers, including the CEC						
						2	x	
3		n, if any, of the following the organization			the	_		
3		CEO/Executive Director. Check all the						
		ization to establish compensation of the						
	Comper	sation committee	X	Written employment contract				
	Indepen	dent compensation consultant	Х	Compensation survey or study				
	Form 99	00 of other organizations	Х	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing			
а		verance payment or change-of-control pa	aymo	ent?		4a		х
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?				4b		X	
с	-	or receive payment from an equity-bas				4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	-	501(c)(3), 501(c)(4), and 501(c)(29) or	-	-				
5	For persons	listed on Form 990, Part VII, Secti	on /	A, line 1a, did the organization pa	ay or accrue an	у		
	-	n contingent on the revenues of:						
	The organization?				5a		X	
b	,				5b		X	
-		e 5a or 5b, describe in Part III.						
6		listed on Form 990, Part VII, Sectin contingent on the net earnings of:	on /	e, line 1a, ald the organization pa	ay or accrue an	У		
а						6a		x
					6b		X	
~	-	e 6a or 6b, describe in Part III.	• •					
7		listed on Form 990, Part VII, Sectio	nΔ	line 1a, did the organization prov	vide any nonfixed	4		
		described on lines 5 and 6? If "Yes," de						х
8		ounts reported on Form 990, Part VII,						
		l contract exception described in I				e		
			-					х
9								
		ection 53.4958-6(c)?				9		
For Pa	aperwork Reduc	tion Act Notice, see the Instructions for Fo	orm 9	990.	Sche	dule J (F	orm 99	0) 2022

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

Schedule J	(Form 990) 2022	KANSAS CITY SYMPHONY	43-1297475	Page 2
Part II	Officers, Directors, Trus	stees, Key Employees, and Highest Compensated Empl	loyees. 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	1099-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)	288,122.	20,000.	1,536.	8,501.	30,323.	348,482.	NONE
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELENA LENCE TALLEY	(i)	79,342.	NONE	634.	8,151.	31,088.	119,215.	NONE
2 FORMER DIRECTOR	(ii)	NONE	NONE		NONE	NONE	NONE	NONE
ALEX SHAPIRO	(i)	156,938.	NONE	2,573.	4,748.	14,964.	179,223.	NONE
3 VICE PRESIDENT OF PHILANTHROPY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
-	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

		000	2022
Schedule J	FOIIII	990)	2022

KANSAS CITY SYMPHONY

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.

SCHEDULE L (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

	inspection
Employer	identification number

OMB No. 1545-0047

Open To Public

KANSAS CITY SYMPHONY

43-1297475

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

4	(a) Name of discussified server	(b) Relationship between disqualified person and	(a) Departmention of transportion		rrected				
	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
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	(c) Purpose of Ioan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In c	default?	(h) Ap by bo comm	ard or	(i) W agreer	
			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) 2022

Schedule L (Form 990 or 990-EZ) 2022

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
				Yes	No
(1)SEE SCHEDULE L, PART V					
(2)SEE SCHEDULE L, PART V					
(3)					
(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 THAUMAS, INC. AND IS THE MUSIC DIRECTOR FOR THE KANSAS CITY SYMPHONY.
- (C) \$266,600.00
- (D) THAUMAS, 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 MOZART PROPERTIES, LLC AND A DIRECTOR OF THE KANSAS CITY SYMPHONY.
- (C) \$335,668.34
- (D) THE KANSAS CITY SYMPHONY LEASES OFFICE SPACE FROM MOZART PROPERTIES, LLC.
- (E) NO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 22 20

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 Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

AS	CITY	SYMPHONY	

KAN	SAS CITY SYMPHONY				43-1297475		
Par	t Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line	Method of	(d) determinin ribution amo	•
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	13	154,090). 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		2	4,200	0. FMV		
20	Drugs and medical supplies			,			
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(SEE SUPP PAGE)		7.	90,075	5.		
26	Other ►()				· · · · · · · · · · · · · · · · · · ·		
27	Other ▶()						
28							
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions f	or		
	which the organization completed I	, ,					
	······	,				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I.	lines 1 through		
	28, that it must hold for at least th				- 1		
	to be used for exempt purposes for	•				30a	Х
b	If "Yes," describe the arrangement i						
31	Does the organization have a		tance policy that require	es the review of ar	ny nonstandard		
	contributions?				-	31 X	
32a	Does the organization hire or use						
	contributions?	•	•	•		32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which colum	n (a) is checked.		
	describe in Part II.			,,	,		
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule	M (Form 99	0) 2022

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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 NON			
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	= (C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FLOWER ARRANGEM WINE, LIQUOR, C	X X	1 6	10,000. 80,075.	FMV FMV
TOTALS		7.	90,075.	

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

KANSAS CITY SYMPHONY

Employer identification number

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 2023 FISCAL YEAR, THE SYMPHONY OFFERED 120 PERFORMANCES OF 42 DIFFERENT PROGRAMS ACROSS THE FULL RANGE OF CLASSICAL, POPS FILM, & OTHER REPERTOIRE. THE SYMPHONY SERVED AS THE IT ORCHESTRA IN 54 PERFORMANCES OF 8 DIFFERENT PROGRAMS FOR THE KC BALLET AND LYRIC OPERA OF KC. SYMPHONY AUDIENCES HAILED FROM 1,245 COMMUNITIES IN ALL 50 STATES PLUS THE DISTRICT OF COLUMBIA AND 10 FOREIGN COUNTRIES. IN TOTAL, THE SYMPHONY REACHED MORE THAN 200,000 PEOPLE DURING THE 2022/23 SEASON. CLASSICAL AUDIENCES NUMBERED 47,603, POPS TOTALED 15,073 AND FAMILY DREW 4,439. HOLIDAY PROGRAMS ATTRACTED 11,032 TO NINE PERFORMANCES OF CHRISTMAS FESTIVAL AND HANDEL'S MESSIAH. FILM + LIVE ORCHESTRA AND SPECIAL PROGRAMS WERE ESPECIALLY POPULAR WITH 27,090 ATTENDING 22 PERFORMANCES OF 10

Supplemental Information to Form 990 or 990-EZ

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Department of the Treasury Internal Revenue Service

KANSAS CITY SYMPHONY

Employer identification number 43-1297475

PROGRAMS, INCLUDING THE INDIGO GIRLS, AND FILMS FROM THE "HARRY POTTER" AND "BLACK PANTHER" SERIES. THE HAPPY HOUR SERIES OF INFORMAL CHAMBER MUSIC PROGRAMS HAD ENTHUSIASTIC CROWDS TOTALING 4,621 AT THE FOUR FREE CONCERTS. FREE OUTDOOR MOBILE MUSIC BOX NEIGHBORHOOD CONCERTS INTRODUCED NEW AUDIENCES TO THE ARTISTRY OF SYMPHONY MUSICIANS, WITH 55 CONCERTS REACHING 11,239 PEOPLE IN 28 ZIP CODES ACROSS GREATER KANSAS CITY. A MEMORIAL DAY WEEKEND CIVIC TRADITION, BANK OF AMERICA CELEBRATION AT THE STATION DELIGHTED THE CROWD OF 38,000 GATHERED BETWEEN KANSAS CITY'S UNION STATION AND LIBERTY MEMORIAL. BROADCAST LIVE ON KANSAS CITY PBS AND LATER REBROADCAST ON PUBLIC TELEVISION STATIONS THROUGHOUT MISSOURI. KANSAS, IOWA AND NEBRASKA, CELEBRATION FEATURED THE RESILIENT, A BAND PRIMARILY COMPRISED OF COMBAT-WOUNDED MILITARY VETERANS. IN ADDITION, THE SYMPHONY SERVED AS THE FEATURED ORCHESTRA FOR SYMPHONY IN THE FLINT HILLS, AN ANNUAL OUTDOOR CONCERT ON THE KANSAS PLAINS. IN-PERSON YOUTH CONCERTS RESUMED AND 26,237 STUDENTS AND TEACHERS FROM 210 SCHOOLS IN 36 DISTRICTS ACROSS 71 COMMUNITIES PARTICIPATED IN YOUNG PEOPLE'S CONCERTS, LINK UP, AND KINDERKONZERTS. NUMEROUS OTHER SYMPHONY EDUCATION PROGRAMS ALSO HELPED MEET THE COMMUNITY NEED FOR HIGH QUALITY MUSIC EDUCATION EXPERIENCES, REACHING MORE THAN 38,000 YOUNG PEOPLE OVERALL.

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

THE FULL BOARD MEETS BI-MONTHLY, AND THE EXECUTIVE COMMITTEE MEETS MONTHLY OR MORE FREQUENTLY AS NECESSARY. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON 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)

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

KANSAS CITY SYMPHONY

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

ization

43-1297475

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 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:

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

KANSAS CITY SYMPHONY

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 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.

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.

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

OMB No. 1545-0047

Name of the organization KANSAS CITY SYMPHONY Employer identification number 43-1297475

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 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

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

KANSAS CITY SYMPHONY

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) 2022		Page 2	
Name of the organization		ntification number	
KANSAS CITY SYMPHONY	43-129	97475	
FORM 990, PART VII-COMPENSATION OF THE	5 HIGHEST PAID IND. CONTRACTORS		
======================================	DESCRIPTION OF SERVICES	COMPENSATION	
THAUMAS, INC-FBO M. STERN			
3800 BALTIMORE #4N			
KANSAS CITY, MO 64111	CONDUCTING SERVICES	262,016	
BENNET DIRECT			
PO BOX 0015			
MILWAUKEE, WI 53201	TELEFUNDING	173,307	
HMX LIVR			
1111 VIRGINIA AVENUE			
KANSAS CITY, MO 64106	SOUND & LIGHTING	513,410	
HARVEST GRAPHICS			
14625 WEST 100TH ST			
LENEXA, KS 66215	PRINTING	330,159	
OUTFRONT MEDIA			
PO BOX 33074			
NEWARK, NJ 07188	BILLBOARD ADVERTISIN	238,955	

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Name of the organization	Employer identificatio	Employer identification number			
KANSAS CITY SYMPHONY			43-1297475	<u>.</u>	
FORM 990, PART IX - OTHER FE	פיידי				
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
GUEST ARTIST & CONDUCTOR	 1,275,733.	1,275,733.			
PROFESSIONAL SERVICES	721,652.	346,251.	233,593.	141,808	
ARTISTIC CONSULTATIONS	166,540.	166,540.			
TEMPORARY HELP	47,993.	47,993.			
OUTSOURCED TELEMARKETING	47,793.	47,793.			
STAGE LABOR	46,318.	46,318.			
WEBSITE	34,363.	34,363.			
DESIGN	14,800.	14,800.			
TOTALS					
	2,355,192.	1,979,791.	233,593.	141,808	
	==============			===============	

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Form	990-T	Ex	empt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB N	o. 1545-0047		
For calendar year 2022 or other tax year beginning $07/01$, 2022, and ending $06/30$, 202						022		
Depart	ment of the Treasury	ł	Open to F	Public Inspection				
	I Revenue Service	Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)			501(c)(3) izations Only		
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Emplo	D Employer identification number			
			KANSAS CITY SYMPHONY		43-1297475			
	or l				o exemption nstructions)	number		
Х	501(C)(3)	Туре	1644 WYANDOTTE ST		,			
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code	-	Oh a ala h an i			
	408A 530(a)		KANSAS CIII, MO 04100	F	Check box an amende			
	529(a) 529A		x value of all assets at end of year					
_	neck organization ty neck if filing only to		X 501(c) corporation 501(c) trust 401(a) trust Other trust		state colleg	e/university		
	• •		Claim credit from Form 8941 Claim a refund shown on Form tion filing a consolidated return with a 501(c)(2) titleholding corporation					
			Schedules A (Form 990-T)					
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			Yes X No		
	•		identifying number of the parent corporation		••••			
	e books are in care		ARA LOHE, CFO Telephone number 816	5-218-	2610			
		- 2	644 WYANDOTTE ST	, 210	2010			
			ANSAS CITY, MO 64108					
		1						
Par	t I Total Unre	lated B	usiness Taxable Income					
1	Total of unrelate	ed busin	ess taxable income computed from all unrelated trades or businesses (se	e				
	instructions)			. 1				
2	Reserved			. 2				
3	Add lines 1 and 2			. 3				
4	Charitable contrib	utions (s	ee instructions for limitation rules)	. 4				
5	Total unrelated bu	usiness ta	axable income before net operating losses. Subtract line 4 from line 3	. 5				
6	Deduction for net	operatin	g loss. See instructions	. 6				
7	Total of unrelate	ed busin	ess taxable income before specific deduction and section 199A deduction	n.				
8	Specific deduction	n (genera	ally \$1,000, but see instructions for exceptions)	. 8				
9	Trusts. Section 19	99A dedu	iction. See instructions.	. 9				
10	Total deductions.	Add line	s 8 and 9	. 10				
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7	7,		_		
				. 11		NONE		
	t II Tax Comp							
1			corporations. Multiply Part I, line 11 by 21% (0.21)			NONE		
2			rates. See instructions for tax computation. Income tax on the amount o					
~	Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041).					
3			********		+			
4			structions	· 4	+			
5		· 5						
6 7	•		ity income. See instructions			NONE		
_			lotice, see instructions.	• 1	For	m 990-T (2022)		

(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 instructions. Taxpayer identification r				axpayer identification num	ber (T	IN)		
print								
print	KANSAS CITY SYMPHONY 43-12974							
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.							
filing your	1644 WYANDOTTE ST							
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	KANSAS CITY, MO 64108							
Enter the Re	turn Code for the return that this application	is for (file	a separate application for e	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 i	ndividual)		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						
 If the orga If this is for the whole a list with the for the for the for the for the x 2 If the ta C 	1644 WYANDOTTE S anization does not have an office or place of l anization does not have an office or place of l or a Group Return, enter the organization's for e group, check this box anmes and TINs of all members the extension st an automatic 6-month extension of time unorganization 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_, 2022 nonths, chec	Fax No. ► the United States, check the pup Exemption Number (GE art of the group, check this 05/15_, 2024 ganization's return for: , and ending ck reason: Initial return	EN) box] and organi	If this is I attach zation return		
	application is for Forms 990-PF, 990-T, undable credits. See instructions.	4720, or	6069, enter the tentat		a \$	NONE		
b If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter any refund		- -			
estimated tax payments made. Include any prior year overpayment allowed as a credit.					b \$	NONE		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by								
using EFTPS (Electronic Federal Tax Payment System). See instructions.						NONE		
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	e Form 8453-TE and Form	n 8879	-TE for payment		
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	ructions.		F	orm 88	368 (Rev. 1-2022)		

JSA

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Form	990-T (2022)	43-1	129747	<u>5</u> F	Page 2
Par	t III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other credits (see instructions)				
С	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d	. 1e			
2	Subtract line 1e from Part II, line 7.	. 2		N	ONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach statement)	. 3			
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	. 4		N	ONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	. 5			
6a	Payments: A 2021 overpayment credited to 2022	_			
b	2022 estimated tax payments. Check if section 643(g) election applies 6b	_			
С	Tax deposited with Form 8868	_			
	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	_			
е	Backup withholding (see instructions)	-			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f	-			
g	Other credits, adjustments, and payments: Form 2439				
_	Form 4136 Other Total 6g				
7	Total payments. Add lines 6a through 6g				
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				<u>ONE</u>
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid				
11 	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded t IV Statements Regarding Certain Activities and Other Information (see instruction	<u> 11 </u>			
			auth arity	Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•			
	here	Torongi	obuility		Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a fore	ian trust?		X
-	If "Yes," see instructions for other forms the organization may have to file.	, a .o.o	ign addi		
3	Enter the amount of tax-exempt interest received or accrued during the tax year				
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carry	over			
•	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduct		orted on		
	Part I, line 6.	ion rep			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryover	rs. Don'	t reduce		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.				
	Business Activity Code Available post-2017	NOL carr	yover		
	\$\$				
	\$				
	\$				
	\$				
	Did the organization change its method of accounting? (see instructions)				X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	1128?	lf "No,"		
	explain in Part V	• • • • •	••••		
Par					
Provi	de the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.				
	SUPPLEMENTAL INFORMATION ATTACHED				
	Index papelies of parium. I dealers that I have exemped this return including accompanying actuality and statements	d to the	haat of much		<u></u>
Sia	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	r has any l	cnowledge.	iowied	ye and

Sign Here	Signature of officer		Da	ie	Title			discuss this return eparer shown below ? X Yes No
Dela	Print/Type prep	arer's name	Prepa	arer's signature		Date	Check if	PTIN
Paid Prepar Use Or	MICHAEL	MICHAEL J ENGLE					self-employed	P00482834
		FORVIS, LLP					Firm's EIN 44	4-0160260
	Firm's address	Firm's address 1201 WALNUT, SUITE			1700, KANSAS CITY, MO 64106-224		4 Phone no. 816-221-6300	
JSA								Form 990-T (2022)

2X2741 1.000

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.