

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LYRIC OPERA OF KANSAS CITY, INC.	D Employer identification number 44-0626124
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1029 CENTRAL	E Telephone number 816-471-4933
	City or town, state or country, and ZIP + 4 KANSAS CITY, MO 64105	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.KCOPERA.COM**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **6,710,370.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		5,093,754.	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		79,391.	
	e Total (add lines 1a through 1d) (cash \$ 5,173,145. noncash \$)	1e			5,173,145.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			892,954.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			26,881.
	5 Dividends and interest from securities	5			
	6 a Gross rents SEE STATEMENT 1	6a		257,190.	
	b Less: rental expenses SEE STATEMENT 2	6b		252,859.	
c Net rental income or (loss). Subtract line 6b from line 6a	6c			4,331.	
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	Less: cost or other basis and sales expenses	8b			
	Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 1,516,600. of contributions reported on line 1b)	9a		331,692.	
	b Less: direct expenses other than fundraising expenses	9b		521,125.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3	9c			-189,433.
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			28,508.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			5,936,386.	
Expenses	13 Program services (from line 44, column (B))	13		4,600,079.	
	14 Management and general (from line 44, column (C))	14		548,726.	
	15 Fundraising (from line 44, column (D))	15		394,826.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			5,543,631.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		392,755.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		10,775,986.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		-787,027.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			10,381,714.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				STATEMENT 6
22b Other grants and allocations (attach schedule) (cash \$ 3,930 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	3,930.	3,930.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	177,275.	106,366.	35,455.	35,454.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	20,000.	0.	20,000.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,366,073.	1,991,403.	162,839.	211,831.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	246,685.	140,913.	67,483.	38,289.
29 Payroll taxes	170,011.	123,000.	30,220.	16,791.
30 Professional fundraising fees	16,887.			16,887.
31 Accounting fees	25,167.		25,167.	
32 Legal fees	9,378.		9,378.	
33 Supplies	46,886.	17,787.	23,686.	5,413.
34 Telephone	19,591.	1,275.	18,316.	
35 Postage and shipping	44,775.	39,799.	1,923.	3,053.
36 Occupancy	54,300.	10,136.	22,082.	22,082.
37 Equipment rental and maintenance	44,164.	8,906.	29,011.	6,247.
38 Printing and publications	10,071.	8,140.	1,871.	60.
39 Travel	153,243.	136,914.	11,315.	5,014.
40 Conferences, conventions, and meetings	13,784.	8,273.	1,948.	3,563.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	242,857.	226,372.	16,485.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	1,878,554.	1,776,865.	71,547.	30,142.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,543,631.	4,600,079.	548,726.	394,826.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>THE OPERA WAS ORGANIZED IN 1958 TO STAGE AND PROMOTE OPERA AND OTHER PERFORMING ARTS IN KANSAS CITY, MISSOURI AND SURROUNDING CITIES.</u>	
(Grants and allocations \$ <u>3,930.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	4,600,079.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	887,650.	1,620,653.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	144,513.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable	158,000.	
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	231,544.	160,323.
	54 a Investments - publicly-traded securities		
	b Investments - other securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other		
57 a Land, buildings, and equipment: basis	8,029,332.		
b Less: accumulated depreciation STMT 8	3,394,434.		
58 Other assets, including program-related investments (describe SEE STATEMENT 9)	7,292,027.	6,487,495.	
59 Total assets (must equal line 74). Add lines 45 through 58	13,550,452.	13,205,882.	
Liabilities	60 Accounts payable and accrued expenses	145,900.	164,232.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe SEE STATEMENT 10)	2,628,566.	2,659,936.
66 Total liabilities. Add lines 60 through 65	2,774,466.	2,824,168.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,421,863.	3,710,463.
	68 Temporarily restricted	62,096.	166,251.
	69 Permanently restricted	7,292,027.	6,505,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	10,775,986.	10,381,714.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	13,550,452.	13,205,882.

Part VI Other Information (continued)		Yes	No	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a	X	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
	Dues, assessments, and similar amounts from members	85c		N/A
	Section 162(e) lobbying and political expenditures	85d		N/A
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.			
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed			NONE
	Number of employees employed in the pay period that includes March 12, 2007	90b		20
91 a	The books are in care of			AMY PEAK
	Located at			1029 CENTRAL, KANSAS CITY, MO
	Telephone no.			816-471-4933
	ZIP + 4			64105
	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)? If "Yes," enter the name of the foreign country	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			N/A

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PERFORMANCES / SALES					892,954.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	26,881.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	4,331.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			02	-189,433.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SET RENTALS	711110	8,390.			
b MISCELLANEOUS					20,118.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		8,390.		-158,221.	913,072.
105 Total (add line 104, columns (B), (D), and (E))					763,241.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	ENABLES LYRIC OPERA TO STAGE PERFORMANCES IN KANSAS CITY
103B	HELPS THE LYRIC OPERA TO OFFSET OPERATING EXPENSES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of officer _____ Date _____ GENERAL MANAGER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature _____ Date _____ Firm's name (or yours if self-employed), address, and ZIP + 4 RUBINBROWN LLP 10975 GRANDVIEW, SUITE 600 OVERLAND PARK, KS 66210	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN _____ Phone no. 913-491-4144	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization LYRIC OPERA OF KANSAS CITY, INC.	Employer identification number 44 0626124
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>WARD HOLMQUIST</u> 1029 CENTRAL AVENUE, KANSAS CITY, MO	ARTISTIC DIRECTOR 30.00	128,307.	7,953.	0.
<u>MICHELLE LAPOINTE</u> 1029 CENTRAL AVENUE, KANSAS CITY, MO	DIR. OF DEVELOPMENT 40.00	91,634.	15,675.	0.
<u>GREGORY HUBBARD</u> 1029 CENTRAL AVENUE, KANSAS CITY, MO	CHIEF FINANCIAL OFF. 40.00	81,036.	4,014.	0.
<u>VIRGINIA LONG</u> 1029 CENTRAL AVENUE, KANSAS CITY, MO	DIR. OF MARKETING 40.00	72,183.	17,086.	0.
<u>PAULA WINANS</u> 1029 CENTRAL AVENUE, KANSAS CITY, MO	DIR. OF EDUCATION 40.00	68,430.	15,255.	0.
Total number of other employees paid over \$50,000 ▶	4			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>KANSAS CITY SYMPHONY</u> 1020 CENTRAL AVENUE, KANSAS CITY, MO 64105	ORCHESTRA	414,708.
<u>KIRK MEACHAM</u> 49 MARCELA AVE., SAN FRANCISCO, CA 94116	COMPOSER	100,000.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>KANSAS CITY STAR</u> PO BOX 27-255, KANSAS CITY, MO 64108	ADVERTISING	62,589.
<u>MULLER, BRESSLER & BROWN</u> 4739 BELLEVIEW, SUITE 100, KANSAS CITY, MO 64112	ADVERTISING	52,237.

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 14	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,962,716.	2,965,017.	2,987,438.	2,247,851.	11,163,022.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	776,312.	815,480.	698,355.	774,140.	3,064,287.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	416,869.	340,030.	319,934.	340,586.	1,417,419.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	26,454.	14,882.	SEE STATEMENT 15 9,608.	15,079.	66,023.
23 Total of lines 15 through 22	4,182,351.	4,135,409.	4,015,335.	3,377,656.	15,710,751.
24 Line 23 minus line 17	3,406,039.	3,319,929.	3,316,980.	2,603,516.	12,646,464.
25 Enter 1% of line 23	41,824.	41,354.	40,153.	33,777.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 252,929.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,701,274.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,646,464.
d Add: Amounts from column (e) for lines: 18 <u>1,417,419.</u> 19 _____ 22 <u>66,023.</u> 26b <u>3,701,274.</u>					26d 5,184,716.
e Public support (line 26c minus line 26d total)					26e 7,461,748.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 59.0026%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V

Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

LYRIC OPERA OF KANSAS CITY, INC.

44-0626124

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization LYRIC OPERA OF KANSAS CITY, INC.	Employer identification number 44-0626124
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CONTRIBUTIONS UNDER 2% OF FORM 990 LINE 1 1029 CENTRAL KANSAS CITY, MO 64105	\$ 2,703,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HALL FAMILY FOUNDATION 1029 CENTRAL KANSAS CITY, MO 64105	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MURIEL MCBRIEN KAUFFMAN FOUNDATION 1029 CENTRAL KANSAS CITY, MO 64105	\$ 929,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	RICHARD J. STERN FOUNDATION FOR THE ARTS 1029 CENTRAL KANSAS CITY, MO 64105	\$ 825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	LANDON ROWLAND 1029 CENTRAL KANSAS CITY, MO 64105	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	COLUMBIAN BANK AND TRUST COMPANY 1029 CENTRAL KANSAS CITY, MO 64105	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
THEATRE RENTALS; KANSAS CITY, MO	1	257,190.
TOTAL TO FORM 990, PART I, LINE 6A		257,190.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CLEANING		31,824.	
PAYROLL TAXES		5,922.	
BENEFITS		8,411.	
INSURANCE		9,034.	
MANAGEMENT FEES		8,768.	
SUPPLIES		3,139.	
UTILITIES		109,946.	
MAINTENANCE		75,815.	
- SUBTOTAL -	1		252,859.
TOTAL TO FORM 990, PART I, LINE 6B			252,859.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
LYRIC OPERA BALL	1,581,040.	1,516,600.	64,440.	210,884.	-146,444.
AUXILLARY EVENTS	267,252.		267,252.	310,241.	-42,989.
TO FM 990, PART I, LINE 9	1,848,292.	1,516,600.	331,692.	521,125.	-189,433.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST		-249,631.	
CHANGE IN NET ASSETS OF LYRIC FOUNDATION		-537,396.	
TOTAL TO FORM 990, PART I, LINE 20		-787,027.	

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	62,987.	15,576.	47,411.		
DUES AND FEES	57,694.	40,097.	15,673.	1,924.	
MISCELLANEOUS	37,348.	26,064.	8,463.	2,821.	
SPONSORSHIP	4,568.			4,568.	
DONOR DEVELOPMENT	20,829.			20,829.	
PROMOTION EXPENSE	474,583.	474,583.			
SECURITY	12,059.	12,059.			
EDUCATION	129,178.	129,178.			
PERFORMANCE FACILITIES	287,526.	287,526.			
SET DESIGN AND CONSTRUCTION	139,160.	139,160.			
ORCHESTRA	396,908.	396,908.			
PROPS AND COSTUMES	207,390.	207,390.			
SOUND AND LIGHTING	33,322.	33,322.			
ROYALTIES & MUSIC	15,002.	15,002.			
TOTAL TO FM 990, LN 43	1,878,554.	1,776,865.	71,547.	30,142.	

FORM 990 CASH GRANTS AND ALLOCATIONS TO INDIVIDUALS STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
BEN HILGERT 5007 WYANDOTTE ST. #2S KANSAS CITY, MO 64105	NONE	1,000.
ANGIE SOLOMON 1636 OXFORD RD. LAWRENCE, KS 66044	NONE	1,000.
ANDREW HARRIS 4610 W 121 ST APT. 215 OVERLAND PARK, KS 66209	NONE	386.
JONATHAN STINSON 6509 BARTON CIRCLE #202 SHAWNEE, KS 66203	NONE	982.
JAMES PLANTE 4511 FREEDOM CREEK DR. LAWRENCE, KS 66049	NONE	562.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		3,930.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

THE OPERA WAS ORGANIZED IN 1958 TO STAGE AND PROMOTE OPERA AND OTHER PERFORMING ARTS IN KANSAS CITY, MISSOURI AND SURROUNDING CITIES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	3,342,944.	0.	3,342,944.
BUILDINGS	4,431,551.	3,210,575.	1,220,976.
OFFICE EQUIPMENT	45,938.	35,890.	10,048.
COMPUTER EQUIPMENT	151,834.	105,727.	46,107.
VEHICLES	30,516.	30,516.	0.
TELEPHONE EQUIPMENT	26,549.	11,726.	14,823.
TOTAL TO FORM 990, PART IV, LN 57	8,029,332.	3,394,434.	4,634,898.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM FOUNDATION	17,505.	0.
INTEREST IN NET ASSETS OF LYRIC FOUNDATION	5,584,661.	5,047,265.
BENEFICIAL INTEREST IN PERPETUAL TRUST	1,689,861.	1,440,230.
TOTAL TO FORM 990, PART IV, LINE 58	7,292,027.	6,487,495.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED TICKET SALES	404,814.	441,348.
DEFERRED OTHER	27,122.	21,958.
PROCEEDS ON SALE OF BUILDING	2,196,630.	2,196,630.
TOTAL TO FORM 990, PART IV, LINE 65	2,628,566.	2,659,936.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
RENTAL EXPENSES	252,859.
SPECIAL EVENT EXPENSES	521,125.
TOTAL TO FORM 990, PART IV-A	773,984.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
RENTAL EXPENSES	252,859.
SPECIAL EVENT EXPENSES	521,125.
TOTAL TO FORM 990, PART IV-B	773,984.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
EVAN LUSKIN 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	GENERAL DIRECTOR 40.00	155,288.	21,987.	0.
JODY BARTLETT 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
JEFFREY BERMAN 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
LORETTA M. BRITTON, MD, MPH 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
RICHARD P. BRUENING 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.

RITA M. BURNETT-FERGUSON DDS 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
RICHARD BYRUM 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
CRAIG CARTER 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	TREASURER 0.00	0.	0.	0.
JULIE UNGASHICK CRAIN 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	VICE PRESIDENT-MEMBERSHIP 0.00	0.	0.	0.
UNA CREDITOR 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
DON F. DAGENAIS 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
ANN KING DICKINSON 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
MAUREEN DURWOOD 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
ANNE W. ELSBERRY 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
SHEILA EVANS 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	CHAIRMAN 0.00	0.	0.	0.
MICHAEL D. FIELDS 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
THOMAS A. FLOWERS 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	PRESIDENT 0.00	0.	0.	0.
LAFAYETTE J. FORD, III 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.

DR. FRED D. FOWLER 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	VICE CHAIRMAN 0.00	0.	0.	0.
CAROLINE M. FRENCH 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
MICHAEL D. FROST, PH.D. 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	SECRETARY 0.00	0.	0.	0.
TRUDY KOPF GABRIEL 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
JANE LOFTUS GARD 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
THE HONORABLE JON R GRAY 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
RACHEL HACK 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
BARB HAVILAND 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
MOLLY GOWER HILL 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
JOYCE G. HOLLAND 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
BETH INGRAM 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
JULIA KAUFFMAN 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
ELVIN B. KLEIN 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.

MARIA A. KUNSTADTER, DDS 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
PHYLLIS G. LEACH 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	VICE PRESIDENT-EDUCATION 0.00	0.	0.	0.
DR. REVIS C. LEWIS 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
ALBERT P. MAURO 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
CARL L. MCCAFFREE 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
PATRICK MCCOWN 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	VICE PRESIDENT-DEVELOPMENT 0.00	0.	0.	0.
LINDA MCGURN 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
EDWARD P. MILBANK 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
RICHARD W. MILLER 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
DR. ERNEST NEIGHBOR 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
STEPHANIE DOOLIN O'DEAR 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
LANDON H. ROWLAND 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.
LARRY SULLIVAN 1029 CENTRAL AVENUE KANSAS CITY, MO 64105	DIRECTOR 0.00	0.	0.	0.

STEPHEN K. TAYLOR	DIRECTOR			
1029 CENTRAL AVENUE	0.00	0.	0.	0.
KANSAS CITY, MO 64105				
LESSIE THOMPSON	DIRECTOR			
1029 CENTRAL AVENUE	0.00	0.	0.	0.
KANSAS CITY, MO 64105				
JODY TILLOTSON	DIRECTOR			
1029 CENTRAL AVENUE	0.00	0.	0.	0.
KANSAS CITY, MO 64105				
THOMAS WALLINGFORD	DIRECTOR			
1029 CENTRAL AVENUE	0.00	0.	0.	0.
KANSAS CITY, MO 64105				
TOTALS INCLUDED ON FORM 990, PART V-A		<u>155,288.</u>	<u>21,987.</u>	<u>0.</u>

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 14

SEE FORM 990, PART V

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	26,454.	14,882.	9,608.	15,079.
TOTAL TO SCHEDULE A, LINE 22	<u>26,454.</u>	<u>14,882.</u>	<u>9,608.</u>	<u>15,079.</u>

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2008

Prepared for	Mr. Evan Luskin Lyric Opera of Kansas City, Inc. 1029 Central Kansas City, MO 64105
Prepared by	RubinBrown LLP 10975 Grandview, Suite 600 Overland Park, KS 66210
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	As soon as possible.
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2007

Department of the Treasury Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

LYRIC OPERA OF KANSAS CITY, INC. 1029 CENTRAL KANSAS CITY, MO 64105

44-0626124 Unrelated business activity codes (See instructions for Block E on page 9.) 711110

C Book value of all assets at end of year 13,205,882.

F Group exemption number (see instructions for Block F.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. RENTAL OF SETS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of AMY PEAK Telephone number 816-471-4933

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing gross receipts, cost of goods sold, and total income of 8,390 and expenses of 8,611.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34 showing various deductions and resulting net income of -221.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
Tax rate schedule or Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Check here and indicate which forms are attached:
Form 3800 Form(s) (specify) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43 0.
44a Payments: A 2006 overpayment credited to 2007 44a
b 2007 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Other credits and payments: Form 2439 Other Total 44f
45 Total payments. Add lines 44a through 44f 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here Yes No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional section 263A costs 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title GENERAL MANAGER
Preparer's signature Date Check if self-employed Preparer's SSN or PTIN P00038712
Firm's name (or yours if self-employed), address, and ZIP code RUBINBROWN LLP 10975 GRANDVIEW, SUITE 600 OVERLAND PARK, KS 66210 EIN 43-0765316 Phone no. 913-491-4144

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 20)

1 Description of property

(1) SET RENTALS			
(2)			
(3)			
(4)			
2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	SEE STATEMENT 16	
(1)	8,390.	8,611.	
(2)			
(3)			
(4)			
Total	0.	Total	8,390.
Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...	
		8,390.	
		8,611.	

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Totals row shows 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 22)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (see instructions on page 22)

Part I: Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or loss, 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

Part II: Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or loss, 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Total row shows 0.

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 16

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SET RENTAL EXPENSES		3,874.	
WAGES		4,400.	
PAYROLL TAXES		337.	
- SUBTOTAL -	1		8,611.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			8,611.

Depreciation and Amortization 990
(Including Information on Listed Property)

2007

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

LYRIC OPERA OF KANSAS CITY, INC.

FORM 990 PAGE 2

44-0626124

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	242,857.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	242,857.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and personal use questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2007 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Part II			Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization				Employer identification number
	LYRIC OPERA OF KANSAS CITY, INC.				44-0626124
	Number, street, and room or suite no. If a P.O. box, see instructions.				For IRS use only
1029 CENTRAL					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
KANSAS CITY, MO 64105					

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **AMY PEAK**
 Telephone No. **816-471-4933** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2009.

5 For calendar year _____, or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE TAXPAYER REQUIRES ADDITIONAL TIME TO GATHER THE NECESSARY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

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

Signature Title **GENERAL MANAGER** Date

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning JUL 1, 2007, and ending JUN 30, 2008

2007

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶

N/A

Name of exempt organization

LYRIC OPERA OF KANSAS CITY, INC.

Employer identification number

44-0626124

Name and title of officer

**EVAN LUSKIN
GENERAL MANAGER**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>5936386</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RUBINBROWN LLP ERO firm name to enter my PIN 26124 do not enter all zeros

as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ******* Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 43400338712
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**