

***NATIONAL PUBLIC RADIO, INC.  
2011 FORM 990  
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
PUBLIC INSPECTION COPY  
FISCAL YEAR ENDED 09/30/2012***

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning** 10/01, 2011, and ending 09/30, 2012

|  |  |   |                                      |   |
|--|--|---|--------------------------------------|---|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>NATIONAL PUBLIC RADIO, INC.               |   |                                      | <b>D Employer identification number</b><br>52-0907625 |
|  | Doing Business As NPR  |   |                                      | <b>E Telephone number</b><br>(202) 513-2000           |
|  | Number and street (or P.O. box if mail is not delivered to street address) |   | Room/suite                           | <b>G Gross receipts \$</b> 299,797,238.               |
|  | 1111 NORTH CAPITOL STREET NE   |   |                                      |   |
| City or town, state or country, and ZIP + 4<br>WASHINGTON, DC 20002  |  | <b>F Name and address of principal officer: GARY E. KNELL</b><br>1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002   |                                      |   |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |                                      |   |
| <b>J Website:</b> WWW.NPR.ORG  |  | <b>H(c) Group exemption number</b> ▶  |                                      |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L Year of formation:</b> 1970  | <b>M State of legal domicile:</b> DC |   |

## Part I Summary

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>THE MISSION OF NPR IS TO WORK IN PARTNERSHIP WITH MEMBER STATIONS TO CREATE A MORE INFORMED PUBLIC - ONE CHALLENGED AND INVIGORATED BY A DEEPER UNDERSTANDING AND APPRECIATION OF EVENTS, IDEAS AND CULTURES. |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 17.                 |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 16.                 |
|   | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | <b>5</b>                         | 1,193.              |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 21.                 |
|   | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 14,371,319.         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>   | 0                                |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 67,366,799.                      | 77,721,718.         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 99,831,643.                      | 100,676,014.        |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 7,906,804.                       | 3,045,121.          |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 9,167,791.                       | 9,025,245.          |
|   |   | 184,273,037.                     | 190,468,098.        |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 134,013.                         | 127,992.            |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0                                | 0                   |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 110,003,848.                     | 116,031,459.        |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0                                | 0                   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,045,295.  |                                  |                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 75,417,285.                      | 75,045,116.         |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 185,555,146.  | 191,204,567.                     |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | -1,282,109.   | -736,469.                        |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 394,636,102.                     | 408,283,639.        |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.   | 222,506,607.                     | 232,935,340.        |
|   | 172,129,495.  | 175,348,299.                     |                     |

## 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 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.

|                               |  |                      |                  |   |                   |
|-------------------------------|--|----------------------|------------------|---|-------------------|
| <b>Sign Here</b>              | ▶ Signature of officer   | Date                 |                  |   |                   |
|                               | DEBORAH A. COWAN<br>Type or print name and title                   | CFO AND TREASURER    |                  |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>David Trimmer                        | Preparer's signature | Date<br>8/8/2013 | Check if self-employed <input type="checkbox"/> | PTIN<br>P00444822 |
|                               | Firm's name ▶ BDO USA, LLP   | EIN ▶ 13-5381590     |                  | Phone no. ▶ 703-893-0600                        |                   |
|                               | Firm's address ▶ 8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102 |                      |                  |   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

| <b>Cumulative e-File History 2011</b> |                             |
|---------------------------------------|-----------------------------|
| <b>FED</b>                            |                             |
| Locator:                              | 4901AT                      |
| Taxpayer Name:                        | NATIONAL PUBLIC RADIO, INC. |
| Return Type:                          | 990, 990 & 990T (Corp)      |
|                                       |                             |
| Submitted Date:                       | 08/14/2013 06:54:14         |
| Acknowledgement Date:                 | 08/14/2013 07:26:30         |
| Status:                               | Accepted                    |
| Submission ID:                        | 54621820132265000007        |

PUBLIC INSPECTION COPY

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning 10/01, 2011, and ending 09/30, 20 12

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

▶ **See instructions on back.**

# 2011

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

Name and title of officer

DEBORAH A. COWAN, CFO AND TREASURER

## 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-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|    |                          |                                     |   |  |    |                   |
|----|--------------------------|-------------------------------------|---|--|----|-------------------|
| 1a | Form 990 check here      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>190468098.</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, Part I, line 3c or Part II, line 8c)     | 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 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 3 | 5 | 3 | 8 |
|---|---|---|---|---|

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 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 2011 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 ▶ *Deborah Cowan*

Date ▶ 8-9-13

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 6 | 2 | 1 | 8 | 1 | 3 | 5 | 3 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 for Business Returns.

ERO's signature ▶ *[Signature]*

Date ▶ 8/8/2013

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2011)



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500  
FAX 801-620-5670

**Notice Number:** CP211A  
**Date:** March 25, 2013

**Taxpayer Identification Number:**  
52-0907625  
**Tax Form:** 990  
**Tax Period:** September 30, 2012

007328.166589.0029.001 1 AT 0.384 373  
|||

NATIONAL PUBLIC RADIO INC  
635 MASS AVE NW  
WASHINGTON DC 20001-3740



007328

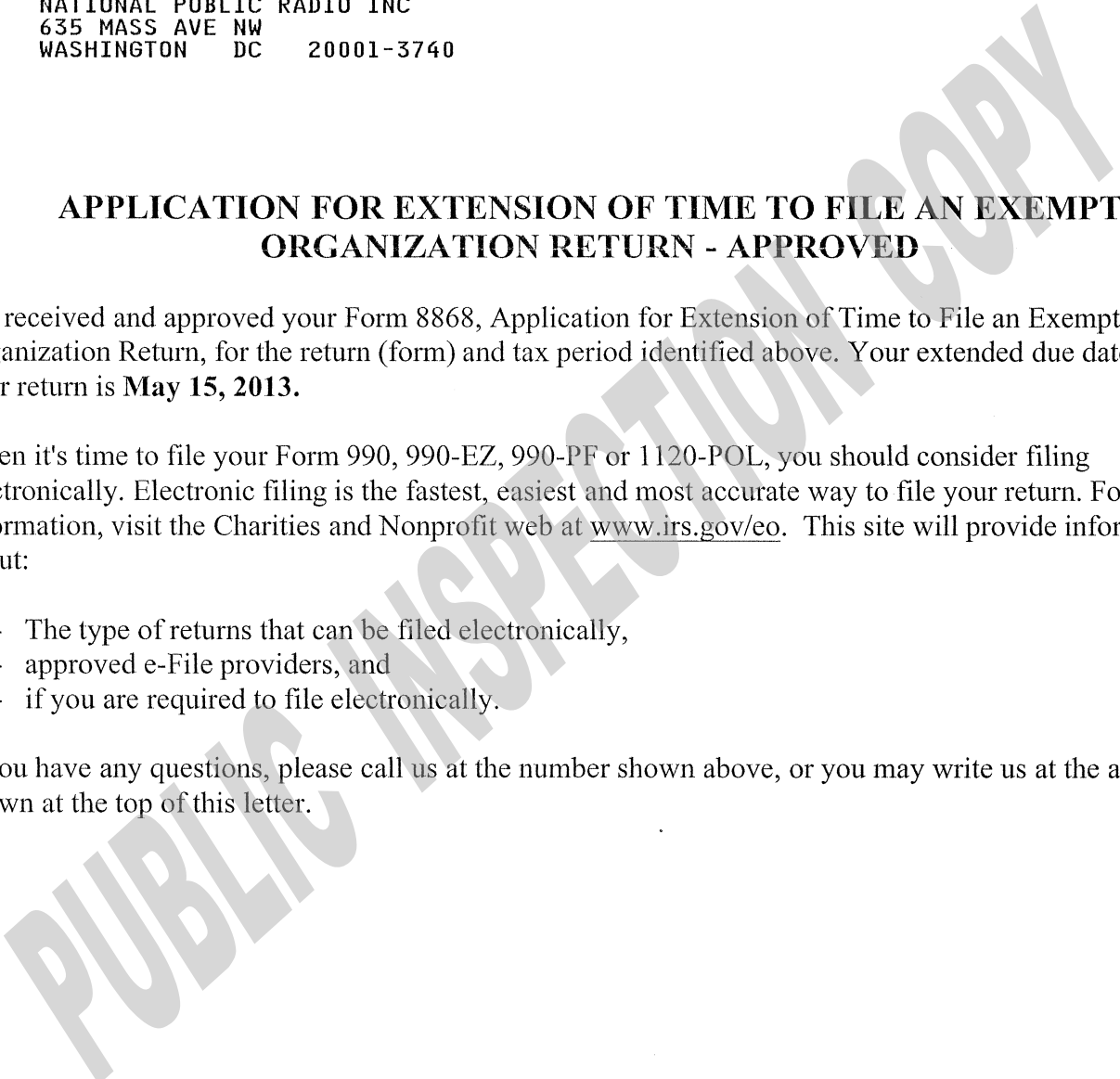
### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2013**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.





Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500  
FAX 801-620-5670

Notice Number: CP211A  
Date: July 1, 2013

Taxpayer Identification Number:  
52-0907625  
Tax Form: 990  
Tax Period: September 30, 2012

070372.198142.0266.006 1 SP 0.480 373

NATIONAL PUBLIC RADIO INC  
1111 NORTH CAPITOL ST NW  
WASHINGTON DC 20002

070372

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **August 15, 2013**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . .  X

**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 124,752,138. including grants of \$ 127,992.) (Revenue \$ 78,770,707.)

ATTACHMENT 2

**4b** (Code: \_\_\_\_\_) (Expenses \$ 23,684,052. including grants of \$ \_\_\_\_\_) (Revenue \$ 21,368,209.)

ATTACHMENT 3

**4c** (Code: \_\_\_\_\_) (Expenses \$ 2,358,858. including grants of \$ \_\_\_\_\_) (Revenue \$ 3,187,425.)

ATTACHMENT 4

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 3,356,929. including grants of \$ \_\_\_\_\_) (Revenue \$ 2,529,644.)

**4e** Total program service expenses ► 154,151,977.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .   | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .  | X   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .   |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .   | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .   |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .   |     | X  |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .   |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . .  | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | X   |    |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . | X   |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .  |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .  |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   |     |    |



**Part IV Checklist of Required Schedules (continued)**

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .   | X   |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .  | X   |    |
| <b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .                           | X   |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     | X  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     | X  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     | X  |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . . |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .   | X   |    |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | X   |    |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .  | X   |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . X

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9 regarding governing body members and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b regarding organizational policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EMMA CARRASCO 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002 202-513-2000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ATTACHMENT 7   |  |   |                       |         |              |                              |        |  |   |   |
| (1) CAROL A. CARTWRIGHT<br>DIRECTOR                  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) BILL DAVIS<br>DIRECTOR                           | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) PATRICIA DIAZ DENNIS<br>DIRECTOR                 | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) DAVE EDWARDS<br>DIRECTOR                         | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) JOSE A. FAJARDO<br>DIRECTOR                      | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) BETSY GARDELLA<br>DIRECTOR                       | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) PAUL G. HAAGA JR.<br>DIRECTOR                    | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) EDUARDO A. HAUSER<br>DIRECTOR                    | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) JOHN A. HERRMANN JR.<br>DIRECTOR                 | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) KIT JENSEN<br>DIRECTOR                          | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) GARY E. KNELL<br>CEO & PRESIDENT (PARTIAL YEAR) | 39.00  | X   |                       | X       |              |                              |        | 75,796.  | 0   | 52.   |
| (12) CARYN MATHES<br>DIRECTOR                        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) GREG PETROWICH<br>DIRECTOR                      | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) MARITA RIVERO<br>DIRECTOR                       | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| ( 15) FLORENCE M.E. ROGERS<br>DIRECTOR                                   | 1.00   | X   |                       |         |              |                              | 0          | 0  | 0   |   |
| ( 16) ROGER SAROW<br>DIRECTOR  | 1.00   | X   |                       |         |              |                              | 0          | 0  | 0   |   |
| ( 17) ANTOINE W. VAN AGTMAEL<br>DIRECTOR                                 | 1.00   | X   |                       |         |              |                              | 0          | 0  | 0   |   |
| ( 18) JOYCE SLOCUM<br>CAO, GEN COUNSEL & SECRETARY                       | 40.00  | X   | X                     |         |              |                              | 371,359.   | 0  | 31,479.   |   |
| ( 19) LYLE LOGAN<br>DIRECTOR   | 1.00   | X   |                       |         |              |                              | 0          | 0  | 0   |   |
| ( 20) HOWARD STEVENSON<br>DIRECTOR                                       | 1.00   | X   |                       |         |              |                              | 0          | 0  | 0   |   |
| ( 21) ZACHARY BRAND<br>VP, DIGITAL MEDIA                                 | 40.00  |   |                       | X       |              |                              | 186,935.   | 0  | 35,872.   |   |
| ( 22) DEBORAH COWAN<br>CFO & TREASURER                                   | 39.00  |   |                       | X       |              |                              | 233,042.   | 0  | 14,443.   |   |
| ( 23) DEBRA DELMAN<br>CHIEF STRATEGY OFFICER                             | 40.00  |   |                       | X       |              |                              | 362,650.   | 0  | 35,288.   |   |
| ( 24) STANLEY GARRISON<br>VP, TECH OPS & ENGINEERING                     | 40.00  |   |                       | X       |              |                              | 264,650.   | 0  | 18,862.   |   |
| ( 25) ROBERT KEMPF<br>VP, PUBLIC INTERACTIVE                             | 40.00  |   |                       | X       |              |                              | 235,661.   | 0  | 2,714.  |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              | 75,796.    | 0  | 52.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              | 7,268,466. | 0  | 580,275.  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 7,344,262. | 0  | 580,327.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 284

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 8                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 ▶ 54

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| 26) PETER LOEWENSTEIN<br>VP, DISTRIBUTION                            | 40.00  |   |                       | X       |              |                              | 187,350. | 0  | 23,516.   |   |
| 27) JOYCE MACDONALD<br>CHIEF OF STAFF & VP                           | 40.00  |   |                       | X       |              |                              | 166,594. | 0  | 29,955.   |   |
| 28) TERRI MINATRA<br>ACTING SVP, GEN COUNSEL & SEC                   | 40.00  |   |                       | X       |              |                              | 271,935. | 0  | 15,958.   |   |
| 29) ERIC NUZUM<br>VP, PROGRAMMING                                    | 40.00  |   |                       | X       |              |                              | 154,962. | 0  | 15,947.   |   |
| 30) JEFFREY PERKINS<br>VP, HR & CPO                                  | 40.00  |   |                       | X       |              |                              | 244,703. | 0  | 1,648.  |   |
| 31) JAMIE PORTER<br>ACTING VP, DEVELOPMENT                           | 40.00  |   |                       | X       |              |                              | 246,271. | 0  | 18,443.   |   |
| 32) DANA REHM<br>CMO & SR VP   | 40.00  |   |                       | X       |              |                              | 218,277. | 0  | 31,040.   |   |
| 33) MICHAEL RIKSEN<br>VP, POLICY & REPRESENT                         | 40.00  |   |                       | X       |              |                              | 205,299. | 0  | 37,808.   |   |
| 34) MARGARET SMITH<br>SVP, NEWS                                      | 40.00  |   |                       | X       |              |                              | 254,164. | 0  | 36,284.   |   |
| 35) MICHAEL STARLING<br>EXECUTIVE DIRECTOR, LABS                     | 40.00  |   |                       | X       |              |                              | 170,182. | 0  | 20,689.   |   |
| 36) KINSEY WILSON<br>CCO & EXECUTIVE VP                              | 40.00  |   |                       | X       |              |                              | 303,444. | 0  | 38,879.   |   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 284

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 37) KEITH WOODS<br>VP, DIVERSITY IN NEWS & OPS                         | 40.00  |   |                       | X       |              |                              | 218,154. | 0  | 902.  |   |
| ( 38) STEVEN INSKEEP<br>SR. HOST, MORNING EDITION                        | 40.00  |   |                       |         |              | X                            | 342,623. | 0  | 39,822.   |   |
| ( 39) RENEE MONTAGNE<br>SR. HOST, MORNING EDITION CA                     | 40.00  |   |                       |         |              | X                            | 351,937. | 0  | 29,362.   |   |
| ( 40) MICHELE NORRIS<br>HOST, ATC  | 40.00  |   |                       |         |              | X                            | 324,220. | 0  | 20,450.   |   |
| ( 41) ROBERT SIEGEL<br>SENIOR HOST                                       | 40.00  |   |                       |         |              | X                            | 369,347. | 0  | 23,875.   |   |
| ( 42) SCOTT SIMON<br>SENIOR HOST   | 40.00  |   |                       |         |              | X                            | 330,439. | 0  | 42,283.   |   |
| ( 43) RONALD SCHILLER<br>FORMER PRESIDENT FNDN, 3/9/11                   | 0  |   |                       |         |              | X                            | 179,321. | 0  | 2,418.  |   |
| ( 44) VIVIAN SCHILLER<br>FORMER PRESIDENT & CEO 3/9/11                   | 0  |   |                       |         |              | X                            | 672,925. | 0  | 5,944.  |   |
| ( 45) ADAM SUTHERLAND<br>FORMER VP, BUSINESS 6/24/11                     | 0  |   |                       |         |              | X                            | 108,898. | 0  | 5,491.  |   |
| ( 46) ELLEN WEISS<br>FORMER SVP, NEWS & INFO 1/7/11                      | 0  |   |                       |         |              | X                            | 293,124. | 0  | 903.  |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |          |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 284

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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> . . . . .  | X   |    |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **▶**

**Part VIII Statement of Revenue**

|  |   |  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|--|---|--|----------------------|----------------------|--|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  | 808,228.             |                      |  |   |   |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |                      |                      |  |   |   |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |                      |                      |  |   |   |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>  | 19,259,302.          |                      |  |   |   |  |
|  | <b>e</b> Government grants (contributions) . .  | <b>1e</b>  | 377,180.             |                      |  |   |   |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .  | <b>1f</b>  | 57,277,008.          |                      |  |   |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  |                      |                      |  |   |   |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |  |                      | 77,721,718.          |  |   |   |  |
|  | <b>Program Service Revenue</b>  |  |                      |                      | <b>Business Code</b>                               |   |   |  |
| <b>2a</b> RADIO PROGRAMMING AND RELATED SERVICES                                 |   |  | 515100               | 68,637,139.          | 68,637,139.  |   |   |  |
| <b>b</b> DISTRIBUTION SERVICES   |   |  | 515100               | 16,315,283.          | 13,575,249.  | 2,740,034.                              |   |  |
| <b>c</b> DIGITAL MEDIA SPONSORSHIPS  |   |  | 900004               | 8,442,471.           |  | 8,442,471.                              |   |  |
| <b>d</b> MEMBERSHIP DUES   |   |  | 515100               | 3,187,425.           | 3,187,425.   |   |   |  |
| <b>e</b> DIGITAL SERVICES  |   |  | 518210               | 1,691,097.           | 1,691,097.   |   |   |  |
| <b>f</b> All other program service revenue . . . . .                             |   |  | 900099               | 2,402,599.           | 2,387,529.   | 15,070.                                 |   |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |   |  |                      | 100,676,014.         |  |   |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |  |                      | 1,355,005.           |  | 597,604.                                | 757,401.  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . .   |  |                      | 0.                   |  |   |   |  |
|  | <b>5</b> Royalties . . . . .  |  |                      | 2,730,965.           |  |   | 2,730,965.  |  |
|  | <b>6a</b> Gross rents . . . . .   | (i) Real   |                      | 507,550.             |  |   |   |  |
|  |   | (ii) Personal  |                      |                      |  |   |   |  |
|  |   | <b>b</b> Less: rental expenses . . . . .                           |                      | 180,727.             |  |   |   |  |
|  |   | <b>c</b> Rental income or (loss) . . . . .                         |                      | 326,823.             |  |   |   |  |
|  | <b>d</b> Net rental income or (loss) . . . . .  |  |                      | 326,823.             |  |   | 326,823.  |  |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   |                      | 108,870,991.         |  |   |   |  |
|  |   | (ii) Other   |                      | 1,208,478.           |  |   |   |  |
|  |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      | 107,898,919.         | 490,434.   |   |   |  |
|  |   | <b>c</b> Gain or (loss) . . . . .                                  |                      | 972,072.             | 718,044.   |   |   |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |  |                      | 1,690,116.           |  |   | 1,690,116.  |  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      |                      |  |   |   |  |
|  | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>   |                      |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                  |   |  | 0.                   |                      |  |   |   |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>a</b>  |  |                      |                      |  |   |   |  |
| <b>b</b> Less: direct expenses . . . . .   | <b>b</b>  |  |                      |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                   |   |  | 0.                   |                      |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>a</b>  |  | 1,131,127.           |                      |  |   |   |  |
|  | <b>b</b> Less: cost of goods sold . . . . .   | <b>b</b>   | 759,060.             |                      |  |   |   |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |                      | 372,067.             | 127,045.   | 245,022.                                |   |  |
| <b>Miscellaneous Revenue</b>   |   |  | <b>Business Code</b> |                      |  |   |   |  |
| <b>11a</b> NPM INCOME  |   | 515100   | 5,052,926.           | 2,858,285.           | 2,194,641.   |   |   |  |
| <b>b</b> PARKING GARAGE FEES   |   | 812930   | 341,387.             |                      |  | 341,387.                                |   |  |
| <b>c</b> UNQUALIFIED SPONSORSHIP   |   | 541800   | 136,477.             |                      | 136,477.   |   |   |  |
| <b>d</b> All other revenue . . . . .   |   | 900004   | 64,600.              |                      |  | 64,600.                                 |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      |   |  | 5,595,390.           |                      |  |   |   |  |
| <b>12 Total revenue.</b> See instructions . . . . .                              |   |  | 190,468,098.         | 92,463,769.          | 14,371,319.  | 5,911,292.                              |   |  |



**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .  | 0                     |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .  | 127,992.              | 127,992.                        |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .   | 0                     |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0                     |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 5,458,956.            | 4,422,244.                      | 895,602.                               | 141,110.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 92,092,478.           | 74,533,809.                     | 15,168,709.                            | 2,389,960.                  |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 4,403,895.            | 3,567,550.                      | 722,508.                               | 113,837.                    |
| 9 Other employee benefits . . . . .  | 7,655,206.            | 6,191,209.                      | 1,264,728.                             | 199,269.                    |
| 10 Payroll taxes . . . . .   | 6,420,924.            | 5,201,524.                      | 1,053,424.                             | 165,976.                    |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 376,932.              | 3,610.                          | 373,322.                               |                             |
| c Accounting . . . . .   | 320,301.              |                                 | 320,301.                               |                             |
| d Lobbying . . . . .   | 580,448.              | 580,448.                        |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees . . . . .   | 181,279.              |                                 | 181,279.                               |                             |
| g Other . . . . .  | 12,572,174.           | 9,837,255.                      | 2,510,481.                             | 224,438.                    |
| 12 Advertising and promotion . . . . .   | 224,032.              | 135,750.                        | 50,154.                                | 38,128.                     |
| 13 Office expenses . . . . .   | 7,163,683.            | 3,816,859.                      | 3,297,759.                             | 49,065.                     |
| 14 Information technology . . . . .  | 705,491.              | 570,381.                        | 134,930.                               | 180.                        |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 12,323,595.           | 14,283,727.                     | -2,334,047.                            | 373,915.                    |
| 17 Travel . . . . .  | 5,183,474.            | 4,603,750.                      | 430,800.                               | 148,924.                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 849,095.              | 193,501.                        | 330,067.                               | 325,527.                    |
| 20 Interest . . . . .  | 83,486.               |                                 | 83,486.                                |                             |
| 21 Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 6,757,453.            | 4,015,940.                      | 2,625,029.                             | 116,484.                    |
| 23 Insurance . . . . .   | 599,200.              |                                 | 599,200.                               |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <u>CONTENT ACQUISITION</u> . . . . .   | 16,152,199.           | 16,152,199.                     |  |                             |
| b <u>CORPORATE SPONSORSHIP</u> . . . . .   | 7,478,015.            |                                 |  | 7,478,015.                  |
| c <u>EMPLOYEE DEVELOPMENT</u> . . . . .  | 1,578,168.            | 945,855.                        | 612,244.                               | 20,069.                     |
| d <u>SATELLITE EQUIPMENT</u> . . . . .   | 2,389,257.            | 2,389,257.                      |  |                             |
| e All other expenses . . . . .   | -473,166.             | 2,579,117.                      | -2,312,681.                            | -739,602.                   |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 191,204,567.          | 154,151,977.                    | 26,007,295.                            | 11,045,295.                 |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |              | (B)<br>End of year      |
|---|--|--------------------------|--------------|-------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 285,214.                 | <b>1</b>     | 320,999.                |
|   | <b>2</b> Savings and temporary cash investments  | 90,994,110.              | <b>2</b>     | 24,447,312.             |
|   | <b>3</b> Pledges and grants receivable, net  | 13,357,304.              | <b>3</b>     | 17,298,150.             |
|   | <b>4</b> Accounts receivable, net  | 5,684,369.               | <b>4</b>     | 11,629,033.             |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | <b>5</b>     | 0                       |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 0                        | <b>6</b>     | 0                       |
|   | <b>7</b> Notes and loans receivable, net   | 0                        | <b>7</b>     | 0                       |
|   | <b>8</b> Inventories for sale or use   | 918,732.                 | <b>8</b>     | 848,506.                |
|   | <b>9</b> Prepaid expenses and deferred charges   | 7,018,476.               | <b>9</b>     | 6,490,007.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 257,105,611.  |              |                         |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 50,771,341.   | 119,256,999. | <b>10c</b> 206,334,270. |
|   | <b>11</b> Investments - publicly traded securities   | 145,010,081.             | <b>11</b>    | 128,827,652.            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 6,019,712.               | <b>12</b>    | 6,471,822.              |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 5,409,004.               | <b>13</b>    | 5,524,221.              |
|   | <b>14</b> Intangible assets  | 682,101.                 | <b>14</b>    | 91,667.                 |
|   | <b>15</b> Other assets. See Part IV, line 11   | 0                        | <b>15</b>    | 0                       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 394,636,102.   | <b>16</b>                | 408,283,639. |                         |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 27,059,975.              | <b>17</b>    | 37,737,941.             |
|   | <b>18</b> Grants payable   | 0                        | <b>18</b>    | 0                       |
|   | <b>19</b> Deferred revenue   | 27,690,526.              | <b>19</b>    | 27,433,405.             |
|   | <b>20</b> Tax-exempt bond liabilities  | 165,784,991.             | <b>20</b>    | 165,751,323.            |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>    | 0                       |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | <b>22</b>    | 0                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 1,971,115.               | <b>23</b>    | 2,012,671.              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0                        | <b>24</b>    | 0                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 0                        | <b>25</b>    | 0                       |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 222,506,607.             | <b>26</b>    | 232,935,340.            |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |              |                         |
|   | <b>27</b> Unrestricted net assets  | 166,382,368.             | <b>27</b>    | 164,916,505.            |
|   | <b>28</b> Temporarily restricted net assets  | 5,747,127.               | <b>28</b>    | 10,431,794.             |
|   | <b>29</b> Permanently restricted net assets  | 0                        | <b>29</b>    | 0                       |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |              |                         |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>    |                         |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>    |                         |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>    |                         |
| <b>33</b> Total net assets or fund balances                         | 172,129,495.   | <b>33</b>                | 175,348,299. |                         |
| <b>34</b> Total liabilities and net assets/fund balances            | 394,636,102.   | <b>34</b>                | 408,283,639. |                         |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . .

|          |  |          |              |
|----------|--|----------|--------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b> | 190,468,098. |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b> | 191,204,567. |
| <b>3</b> | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b> | -736,469.    |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b> | 172,129,495. |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>5</b> | 3,955,273.   |
| <b>6</b> | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | <b>6</b> | 175,348,299. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . .

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .   |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .  | X   |    |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

|  |   |
|--|---|
| <b>Name of the organization</b><br>NATIONAL PUBLIC RADIO, INC. | <b>Employer identification number</b><br>52-0907625 |
|--|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 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 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.)
- 9  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 exempt 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)**. (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

|  | Yes      | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | 11g(i)   |    |
| (ii) A family member of a person described in (i) above? .....   | 11g(ii)  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | 11g(iii) |    |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
| (A)                                |          |   |   |    |  |    |   |    |                         |
| (B)                                |          |   |   |    |  |    |   |    |                         |
| (C)                                |          |   |   |    |  |    |   |    |                         |
| (D)                                |          |   |   |    |  |    |   |    |                         |
| (E)                                |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007    | (b) 2008    | (c) 2009    | (d) 2010    | (e) 2011    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 66,092,664. | 59,250,381. | 62,731,742. | 67,366,799. | 77,721,718. | 333,163,304. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 66,092,664. | 59,250,381. | 62,731,742. | 67,366,799. | 77,721,718. | 333,163,304. |
| <b>5</b> 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). . . . . |             |             |             |             |             |              |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |             |             |             |             |             | 333,163,304. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007    | (b) 2008    | (c) 2009    | (d) 2010    | (e) 2011    | (f) Total                |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 66,092,664. | 59,250,381. | 62,731,742. | 67,366,799. | 77,721,718. | 333,163,304.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 7,299,697.  | 5,135,888.  | 5,160,244.  | 4,602,018.  | 4,593,520.  | 26,791,367.              |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>ATTCH. 1</b> . . . . .  | 346,316.    | 299,309.    | 319,766.    | 336,547.    | 405,987.    | 1,707,925.               |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |             |             |             |             |             | 361,662,596.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |             |             |             |             | <b>12</b>   | 460,007,694.             |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | 92.12 %                             |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 91.59 %                             |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION                | 2007            | 2008            | 2009            | 2010            | 2011            | TOTAL             |
|----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| PARKING GARAGE INCOME      | 346,316.        | 299,309.        | 319,766.        | 324,557.        | 341,387.        | 1,631,335.        |
| OTHER MISCELLANEOUS INCOME |                 |                 |                 | 11,990.         | 64,600.         | 76,590.           |
| <b>TOTALS</b>              | <u>346,316.</u> | <u>299,309.</u> | <u>319,766.</u> | <u>336,547.</u> | <u>405,987.</u> | <u>1,707,925.</u> |

PUBLIC INSPECTION COPY

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2011**

Name of the organization  
NATIONAL PUBLIC RADIO, INC.

Employer identification number  
52-0907625

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization NATIONAL PUBLIC RADIO, INC.

Employer identification number  
52-0907625

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 19,259,302.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          |                                   | \$ 2,800,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          |                                   | \$ 2,718,139.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          |                                   | \$ 2,040,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          |                                   | \$ 1,996,163.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          |                                   | \$ 1,754,175.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization **NATIONAL PUBLIC RADIO, INC.**

Employer identification number  
52-0907625

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          | -----<br>-----<br>-----           | \$ 1,613,353.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |  |
|---|--|
| Name of organization<br>NATIONAL PUBLIC RADIO, INC. | Employer identification number<br>52-0907625 |
|---|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      | -----       |         |   |  |
| (2)      | -----       |         |   |  |
| (3)      | -----       |         |   |  |
| (4)      | -----       |         |   |  |
| (5)      | -----       |         |   |  |
| (6)      | -----       |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1 a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | 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. | 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. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| 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.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| 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.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**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 2a through 2f on page 4.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                         | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| <b>2 a</b> Lobbying nontaxable amount                               |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|  | (a) |    | (b)      |
|--|-----|----|----------|
|  | Yes | No | Amount   |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |          |
| <b>a</b> Volunteers?   |     | X  |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  | X   |    |          |
| <b>c</b> Media advertisements?   |     | X  |          |
| <b>d</b> Mailings to members, legislators, or the public?  | X   |    | 61,934.  |
| <b>e</b> Publications, or published or broadcast statements?   |     | X  |          |
| <b>f</b> Grants to other organizations for lobbying purposes?  |     | X  |          |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?   | X   |    | 518,514. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     | X  |          |
| <b>i</b> Other activities?   |     | X  |          |
| <b>j</b> Total. Add lines 1c through 1i  |     |    | 580,448. |
| <b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |    |          |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** Supplemental Information *(continued)*

PUBLIC INSPECTION COPY

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization NATIONAL PUBLIC RADIO, INC.

Employer identification number 52-0907625

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2011

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .   |                                      | 54,084,828.                     |                              | 54,084,828.    |
| b Buildings . . . . .   |                                      | 9,248,097.                      | 4,571,826.                   | 4,676,271.     |
| c Leasehold improvements . . . . .  |                                      | 6,475,981.                      | 4,444,323.                   | 2,031,658.     |
| d Equipment . . . . .   |                                      | 41,315,153.                     | 30,276,356.                  | 11,038,797.    |
| e Other . . . . .   |                                      | 145,981,552.                    | 11,478,836.                  | 134,502,716.   |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c). . . . . |                                      |                                 |                              | 206,334,270.   |



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| (I) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| (11)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |  |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|           |  |           |
|-----------|--|-----------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | <b>1</b>  |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | <b>2</b>  |
| <b>3</b>  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | <b>3</b>  |
| <b>4</b>  | Net unrealized gains (losses) on investments   | <b>4</b>  |
| <b>5</b>  | Donated services and use of facilities   | <b>5</b>  |
| <b>6</b>  | Investment expenses  | <b>6</b>  |
| <b>7</b>  | Prior period adjustments   | <b>7</b>  |
| <b>8</b>  | Other (Describe in Part XIV.)  | <b>8</b>  |
| <b>9</b>  | Total adjustments (net). Add lines 4 through 8   | <b>9</b>  |
| <b>10</b> | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | <b>10</b> |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |  |           |
|----------|--|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |
| <b>d</b> | Other (Describe in Part XIV.)  | <b>2d</b> |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |
| <b>b</b> | Other (Describe in Part XIV.)  | <b>4b</b> |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |
|----------|---|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |
| <b>c</b> | Other losses  | <b>2c</b> |
| <b>d</b> | Other (Describe in Part XIV.)   | <b>2d</b> |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |
| <b>b</b> | Other (Describe in Part XIV.)   | <b>4b</b> |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  |

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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SEE PAGE 5

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**Part XIV Supplemental Information** (continued)

## ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

ACCORDING TO THE IRS INSTRUCTIONS, NPR HAS NO ENDOWMENTS TO DISCLOSE ON PART V. PER THE NPR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION HAS A BOARD DESIGNATED QUASI-ENDOWMENT WHICH WAS ESTABLISHED IN 1998 TO TRACK THE DISTRIBUTION DIVISION'S OPERATING RESERVES FOR THE PURPOSE OF GENERATING REVENUE FOR THE LONG-TERM SUPPORT OF THE PUBLIC RADIO SATELLITE SYSTEM. THE DISTRIBUTION QUASI-ENDOWMENT BOARD DESIGNATED FUND IS CLASSIFIED AS A COMPONENT OF UNRESTRICTED NET ASSETS.

## FIN 48 DISCLOSURE

FORM 990, SCHEDULE D, PART X, LINE 2

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, NPR, INC. AND THE FOUNDATION ARE EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR FISCAL YEAR 2012 OR 2011 SINCE ANY UNRELATED BUSINESS INCOME WILL BE OFFSET BY EXISTING NET OPERATING LOSS (NOL) CARRYFORWARDS. AS OF SEPTEMBER 30, 2012, NPR, INC. AND THE FOUNDATION HAD FEDERAL NOL CARRYFORWARDS IN THE AMOUNT OF \$13,170,310 AND \$353,617, RESPECTIVELY, WHICH BEGIN TO EXPIRE AS EARLY AS FISCAL YEAR 2014 AND AS LATE AS FISCAL YEAR 2031. AS OF SEPTEMBER 30, 2012 AND 2011, NEITHER ORGANIZATION HAD RECORDED A DEFERRED TAX ASSET FOR THE NOLS SINCE THEIR REALIZATION IS UNCERTAIN.

NPM IS TREATED AS A PARTNERSHIP FOR FEDERAL INCOME TAX PURPOSES. THE MEMBERS ARE REQUIRED TO REPORT RESPECTIVE SHARES OF INCOME OR LOSS IN

**Part XIV** Supplemental Information *(continued)*

THEIR INCOME TAX RETURNS AND ARE LIABLE FOR ANY RELATED TAXES THEREON.

ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAX HAS BEEN MADE. NPM IS SUBJECT TO INCOME TAX IN CERTAIN STATE AND LOCAL JURISDICTIONS WHERE NPM OPERATES. FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, NPM ACCRUED \$51,100 AND \$38,350, RESPECTIVELY, FOR STATE AND LOCAL INCOME TAXES.

IN ACCORDANCE WITH ASC 740, INCOME TAXES, NPR EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ALL ARE MORE- LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION. ACCORDINGLY, NPR BELIEVES THERE ARE NO UNRECOGNIZED BENEFITS OR APPLICABLE INTEREST AND PENALTIES THAT SHOULD BE RECORDED.

NPR'S TAX RETURNS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

NATIONAL PUBLIC RADIO, INC.

52-0907625

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| <b>(1)</b> EAST ASIA AND THE PACIFIC                        | 3.                                  | 3.   | PROGRAM SERVICES  | NEWS AND INFORMATION   | 1,095,236.   |
| <b>(2)</b> EUROPE   | 4.                                  | 4.   | PROGRAM SERVICES  | NEWS AND INFORMATION   | 1,396,943.   |
| <b>(3)</b> MIDDLE EAST AND NORTH AFRICA                     | 3.                                  | 3.   | PROGRAM SERVICES  | NEWS AND INFORMATION   | 1,259,923.   |
| <b>(4)</b> NORTH AMERICA                                    | 1.                                  | 1.   | PROGRAM SERVICES  | NEWS AND INFORMATION   | 170,244.   |
| <b>(5)</b> RUSSIA/INDEPENDENT STATES                        | 1.                                  | 1.   | PROGRAM SERVICES  | NEWS AND INFORMATION   | 312,598.   |
| <b>(6)</b> SOUTH ASIA                                       | 3.                                  | 2.   | PROGRAM SERVICES  | NEWS AND INFORMATION   | 903,099.   |
| <b>(7)</b> SUB-SAHARAN AFRICA                               | 2.                                  | 2.   | PROGRAM SERVICES  | NEWS AND INFORMATION   | 340,188.   |
| <b>(8)</b>  |                                     |  |   |  |  |
| <b>(9)</b>  |                                     |  |   |  |  |
| <b>(10)</b>   |                                     |  |   |  |  |
| <b>(11)</b>   |                                     |  |   |  |  |
| <b>(12)</b>   |                                     |  |   |  |  |
| <b>(13)</b>   |                                     |  |   |  |  |
| <b>(14)</b>   |                                     |  |   |  |  |
| <b>(15)</b>   |                                     |  |   |  |  |
| <b>(16)</b>   |                                     |  |   |  |  |
| <b>(17)</b>   |                                     |  |   |  |  |
| <b>3a</b> Sub-total . . . . .                               | 17.                                 | 16.  |   |  | 5,478,231.   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 17.                                 | 16.  |   |  | 5,478,231.   |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (2)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (3)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (4)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (5)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (6)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (7)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (8)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (9)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (10) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (11) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (12) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (13) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (14) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (15) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (16) |                          |  |            |                      |                          |                                 |                                   |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities . . . . .

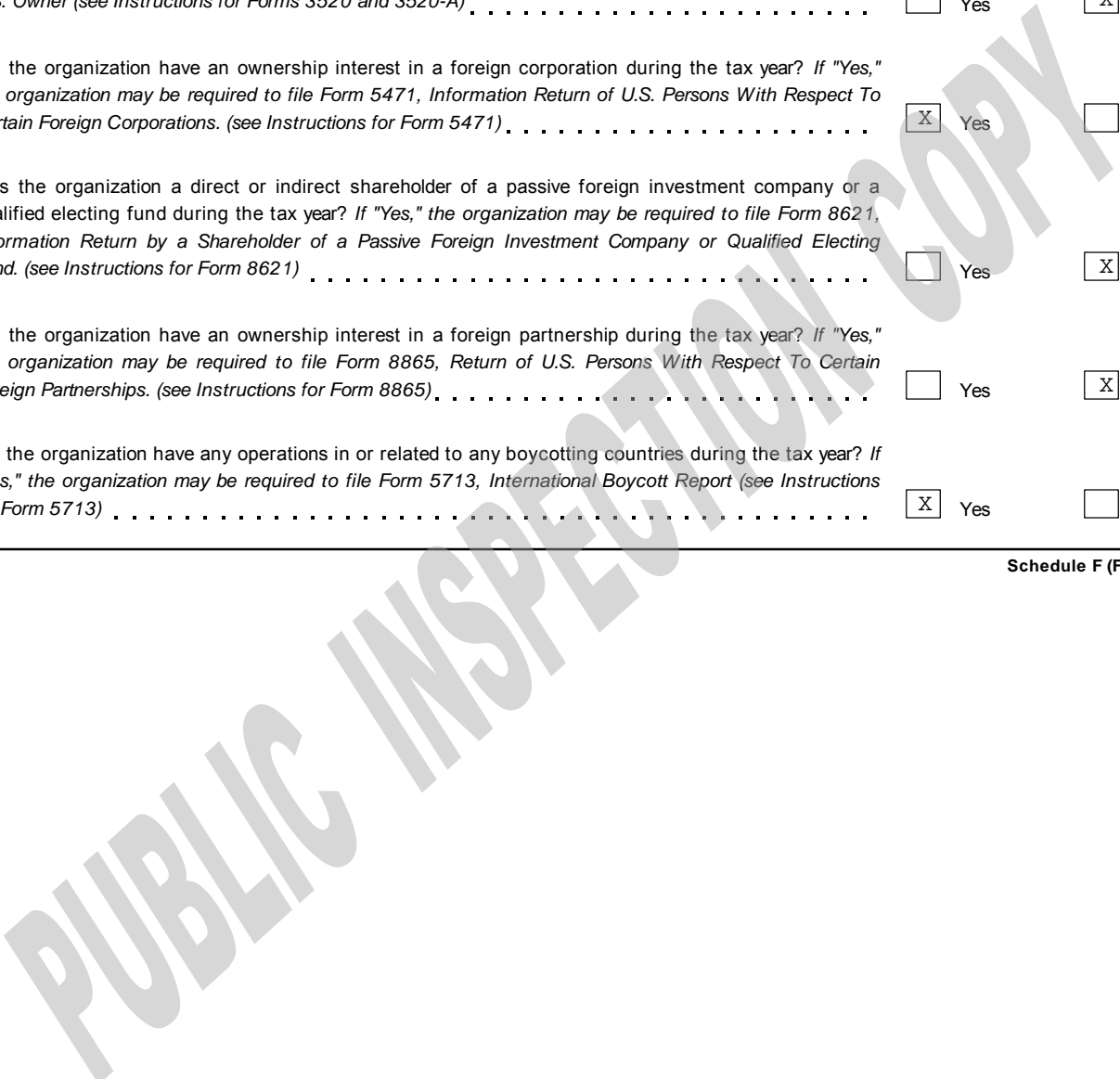
**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)                             |            |                          |                          |                                 |                                   |  |   |
| (2)                             |            |                          |                          |                                 |                                   |  |   |
| (3)                             |            |                          |                          |                                 |                                   |  |   |
| (4)                             |            |                          |                          |                                 |                                   |  |   |
| (5)                             |            |                          |                          |                                 |                                   |  |   |
| (6)                             |            |                          |                          |                                 |                                   |  |   |
| (7)                             |            |                          |                          |                                 |                                   |  |   |
| (8)                             |            |                          |                          |                                 |                                   |  |   |
| (9)                             |            |                          |                          |                                 |                                   |  |   |
| (10)                            |            |                          |                          |                                 |                                   |  |   |
| (11)                            |            |                          |                          |                                 |                                   |  |   |
| (12)                            |            |                          |                          |                                 |                                   |  |   |
| (13)                            |            |                          |                          |                                 |                                   |  |   |
| (14)                            |            |                          |                          |                                 |                                   |  |   |
| (15)                            |            |                          |                          |                                 |                                   |  |   |
| (16)                            |            |                          |                          |                                 |                                   |  |   |
| (17)                            |            |                          |                          |                                 |                                   |  |   |
| (18)                            |            |                          |                          |                                 |                                   |  |   |

PUBLIC INSPECTION COPY

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No





**Part V** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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ACCOUNTING METHOD

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN F

THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF  
ACCOUNTING.

PUBLIC INSPECTION COPY

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1    | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  |  |         |                               |                          |                                   |   |  |                                    |
| (2)  |  |         |                               |                          |                                   |   |  |                                    |
| (3)  |  |         |                               |                          |                                   |   |  |                                    |
| (4)  |  |         |                               |                          |                                   |   |  |                                    |
| (5)  |  |         |                               |                          |                                   |   |  |                                    |
| (6)  |  |         |                               |                          |                                   |   |  |                                    |
| (7)  |  |         |                               |                          |                                   |   |  |                                    |
| (8)  |  |         |                               |                          |                                   |   |  |                                    |
| (9)  |  |         |                               |                          |                                   |   |  |                                    |
| (10) |  |         |                               |                          |                                   |   |  |                                    |
| (11) |  |         |                               |                          |                                   |   |  |                                    |
| (12) |  |         |                               |                          |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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

| (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 KROC FELLOWSHIP               | 6.                       | 127,992.                 |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

FORM 990, SCHEDULE I, PART I, LINE 2

NPR OFFERS ASSISTANCE IN THE FORM OF A FELLOWSHIP. NPR DOES NOT GIVE GRANTS TO ANY OTHER ORGANIZATION OR INDIVIDUAL. FELLOWSHIPS ARE PAID TO THE RECIPIENTS THROUGH NPR'S COMPENSATION PROCESS, AND NO ADDITIONAL MONITORING IS DEEMED NECESSARY.

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

| (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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

KROC FELLOWSHIP

FORM 990, SCHEDULE I, PART III

THE NPR FELLOWSHIP WAS ESTABLISHED TO IDENTIFY AND DEVELOP A NEW GENERATION OF EXTRAORDINARY JOURNALISTS FOR THE PUBLIC RADIO SYSTEM. THE KROC FELLOWSHIP ACCEPTS SEVERAL FELLOWS EACH YEAR. THE FELLOWSHIP LASTS ONE YEAR AND INCLUDES A STIPEND PLUS BENEFITS. FELLOWS GET RIGOROUS, HANDS-ON-TRAINING IN EVERY ASPECT OF PUBLIC RADIO (WRITING, REPORTING, PRODUCING AND EDITING) FOR BOTH RADIO AND WEB. KROC FELLOWS WILL WORK PRIMARILY AT NPR HEADQUARTERS IN WASHINGTON, DC, THOUGH EACH FELLOWSHIP WILL INCLUDE AN ASSIGNMENT TO AN NPR MEMBER STATION. CANDIDATES MUST BE

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

| (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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

JUST COMPLETING COLLEGE OR GRADUATE SCHOOL OR BE OUT OF SCHOOL FOR ONE YEAR OR LESS. CANDIDATES MUST SUBMIT A RESUME, THREE REFERENCES AND A COVER LETTER EXPLAINING WHY THEY SHOULD BE SELECTED BY THE KROC FELLOWSHIP COMMITTEE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL PUBLIC RADIO, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Employer identification number

52-0907625

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> | X   |    |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name            |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                     |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 ZACHARY BRAND     | (i)  | 186,935.   | 0                                   | 0                                   | 12,668.  | 23,204.                 | 222,807.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 DEBORAH COWAN     | (i)  | 219,191.   | 13,851.                             | 0                                   | 0  | 14,443.                 | 247,485.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 DEBRA DELMAN      | (i)  | 346,602.   | 16,048.                             | 0                                   | 9,935.   | 25,353.                 | 397,938.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 STANLEY GARRISON  | (i)  | 246,529.   | 13,692.                             | 4,429.                              | 0  | 18,862.                 | 283,512.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 ROBERT KEMPF      | (i)  | 225,523.   | 10,138.                             | 0                                   | 0  | 2,714.                  | 238,375.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 PETER LOEWENSTEIN | (i)  | 187,350.   | 0                                   | 0                                   | 12,251.  | 11,265.                 | 210,866.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 JOYCE MACDONALD   | (i)  | 165,594.   | 1,000.                              | 0                                   | 11,158.  | 18,797.                 | 196,549.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 TERRI MINATRA     | (i)  | 260,935.   | 11,000.                             | 0                                   | 0  | 15,958.                 | 287,893.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9 ERIC NUZUM        | (i)  | 153,962.   | 1,000.                              | 0                                   | 10,232.  | 5,715.                  | 170,909.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 JEFFREY PERKINS  | (i)  | 230,504.   | 14,089.                             | 110.                                | 0  | 1,648.                  | 246,351.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 JAMIE PORTER     | (i)  | 235,271.   | 11,000.                             | 0                                   | 0  | 18,443.                 | 264,714.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12 DANA REHM        | (i)  | 217,277.   | 1,000.                              | 0                                   | 14,415.  | 16,625.                 | 249,317.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13 MICHAEL RIKSEN   | (i)  | 204,299.   | 1,000.                              | 0                                   | 13,826.  | 23,982.                 | 243,107.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14 JOYCE SLOCUM     | (i)  | 371,359.   | 0                                   | 0                                   | 16,521.  | 14,958.                 | 402,838.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15 MARGARET SMITH   | (i)  | 218,164.   | 36,000.                             | 0                                   | 14,621.  | 21,663.                 | 290,448.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 16 MICHAEL STARLING | (i)  | 170,182.   | 0                                   | 0                                   | 11,172.  | 9,517.                  | 190,871.                        | 0   |
|                     | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name           | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |   |
|--------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|---|
|                    | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |   |
| 1 KINSEY WILSON    | (i)  | 288,763.                            | 14,681.                             | 0  | 15,759.                 | 23,120.                         | 342,323.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 2 KEITH WOODS      | (i)  | 205,519.                            | 12,635.                             | 0  | 0                       | 902.                            | 219,056.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 3 STEVEN INSKEEP   | (i)  | 342,623.                            | 0                                   | 0  | 17,150.                 | 22,672.                         | 382,445.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 4 RENEE MONTAGNE   | (i)  | 349,963.                            | 0                                   | 1,974.   | 17,150.                 | 12,212.                         | 381,299.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 5 MICHELE NORRIS   | (i)  | 324,220.                            | 0                                   | 0  | 17,370.                 | 3,080.                          | 344,670.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 6 ROBERT SIEGEL    | (i)  | 355,381.                            | 0                                   | 13,966.  | 17,150.                 | 6,725.                          | 393,222.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 7 SCOTT SIMON      | (i)  | 330,439.                            | 0                                   | 0  | 17,150.                 | 25,133.                         | 372,722.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 8 RONALD SCHILLER  | (i)  | 77,602.                             | 4,442.                              | 97,277.  | 0                       | 2,418.                          | 181,739.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 9 VIVIAN SCHILLER  | (i)  | 99,671.                             | 5,712.                              | 567,542.                                       | 0                       | 5,944.                          | 678,869.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 10 ADAM SUTHERLAND | (i)  | 102,314.                            | 4,231.                              | 2,353.   | 0                       | 5,491.                          | 114,389.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 11 ELLEN WEISS     | (i)  | 14,904.                             | 0                                   | 278,220.                                       | 816.                    | 87.                             | 294,027.  | 0 |
|                    | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 12                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 13                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 14                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 15                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 16                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    | (ii)   |                                     |                                     |  |                         |                                 |   |   |



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## OFFICER COMPENSATION

FORM 990, SCHEDULE J, PART I, LINE 4A

THE FOLLOWING EMPLOYEES RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR

2011:

|                 |           |
|-----------------|-----------|
| RONALD SCHILLER | \$67,611  |
| VIVIAN SCHILLER | \$532,212 |
| ELLEN WEISS     | \$246,319 |

THE AMOUNTS PAID WERE PROPERLY REPORTED ON SCHEDULE J, PART II, COLUMN

B(III).

PUBLIC INSPECTION COPY

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL PUBLIC RADIO, INC.

Employer identification number  
52-0907625

**Part I Bond Issues**

| (a) Issuer name        | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|                        |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| A DISTRICT OF COLUMBIA | 53-6001131     | 2548396V0   | 04/07/2010      | 165,835,493.    | NPR HEADQUARTERS PROJECT   |              | X  |                         | X  |                      | X  |
| B                      |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| C                      |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| D                      |                |             |                 |                 |                            |              |    |                         |    |                      |    |

**Part II Proceeds**

|   | A            | B  | C   | D  |
|---|--------------|----|-----|----|
| 1 Amount of bonds retired . . . . .   |              |    |     |    |
| 2 Amount of bonds legally defeased . . . . .  |              |    |     |    |
| 3 Total proceeds of issue . . . . .   | 167,277,995. |    |     |    |
| 4 Gross proceeds in reserve funds . . . . .   |              |    |     |    |
| 5 Capitalized interest from proceeds . . . . .  | 8,257,186.   |    |     |    |
| 6 Proceeds in refunding escrows . . . . .   |              |    |     |    |
| 7 Issuance costs from proceeds . . . . .  |              |    |     |    |
| 8 Credit enhancement from proceeds . . . . .  | 2,500.       |    |     |    |
| 9 Working capital expenditures from proceeds . . . . .  |              |    |     |    |
| 10 Capital expenditures from proceeds . . . . .   | 149,305,257. |    |     |    |
| 11 Other spent proceeds . . . . .   |              |    |     |    |
| 12 Other unspent proceeds . . . . .   | 9,715,553.   |    |     |    |
| 13 Year of substantial completion . . . . .   |              |    |     |    |
|   | Yes          | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? . . . . .  |              | X  |     |    |
| 15 Were the bonds issued as part of an advance refunding issue? . . . . .   |              | X  |     |    |
| 16 Has the final allocation of proceeds been made? . . . . .  |              | X  |     |    |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X            |    |     |    |

**Part III Private Business Use**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     | X  |     |    |     |    |     |    |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | X  |     |    |     |    |     |    |

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

**Part III Private Business Use (Continued)**

DISTRICT OF COLUMBIA

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     | X  |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .   |     |    |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X  |     |    |     |    |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .   |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶  |     |    |     |    |     |    |     |    |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶ |     |    |     |    |     |    |     |    |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     |    |     |    |     |    |     |    |
| <b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .  | X   |    |     |    |     |    |     |    |

**Part IV Arbitrage**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . . |     | X  |     |    |     |    |     |    |
| <b>2</b> Is the bond issue a variable rate issue? . . . . .   |     | X  |     |    |     |    |     |    |
| <b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .                          |     | X  |     |    |     |    |     |    |
| <b>b</b> Name of provider . . . . .   |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .  |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .   |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? . . . . .  |     |    |     |    |     |    |     |    |
| <b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .   |     | X  |     |    |     |    |     |    |
| <b>b</b> Name of provider . . . . .   |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC . . . . .  |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .  |     |    |     |    |     |    |     |    |
| <b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .   |     | X  |     |    |     |    |     |    |
| <b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .   | X   |    |     |    |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . .  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

TOTAL PROCEEDS OF ISSUE, PART II, LINE 3  
 ISSUE PRICE 165,835 ADD INVESTMENT EARNINGS 1,442,502 EQUALS 167,277,995

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL PUBLIC RADIO, INC.

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

52-0907625

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE SOFTWARE DEVELOPMENT,  
POLICY & REPRESENTATION, AND CONSUMER PRODUCTS.

MEMBERS OF THE ORGANIZATION

FORM 990, PART VI, LINE 6

INDEPENDENTLY LICENSED AND OPERATED PUBLIC RADIO STATIONS BECOME NPR  
MEMBERS BY PAYING DUES TO NPR; IN EXCHANGE THEY MAY VOTE TO ELECT CERTAIN  
MEMBERS TO THE NPR BOARD OF DIRECTORS, AND THEY BENEFIT FROM BROADCAST  
AND DIGITAL RIGHTS NEGOTIATED ON THEIR BEHALF AS WELL AS TERMS OF  
SERVICES EXTENDED ONLY TO MEMBERS.

ELECTION OF MEMBERS

FORM 990, PART VI, LINE 7A AND 7B

OF THE 17 NPR BOARD MEMBERS 10 SHALL BE MEMBER DIRECTORS ELECTED FROM  
AMONG THE AUTHORIZED STATION REPRESENTATIVES. IN EXCHANGE FOR MEMBERSHIP  
DUES PAYMENTS, EACH MEMBER STATION MAY DESIGNATE, IN WRITING, ONE STATION  
REPRESENTATIVE (AUTHORIZED STATION REPRESENTATIVES) WHO MAY PARTICIPATE  
AND VOTE TO ELECT MEMBER DIRECTORS OF THE NPR BOARD OF DIRECTORS. EACH  
AUTHORIZED STATION REPRESENTATIVE SHALL VOTE AND ACT FOR THE MEMBER  
STATION IN ALL MATTERS ON WHICH MEMBER STATIONS VOTE AFFECTING THE  
CORPORATION.

Name of the organization

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## FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE TAX RETURN IS PREPARED AND REVIEWED BY NPR'S FINANCE DEPARTMENT THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. THE FINAL VERSION IS MADE AVAILABLE TO ALL MEMBERS OF NPR'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

## CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

NPR CONTINUALLY MONITORS AND SURVEYS DIRECTORS, OFFICERS, AND KEY EMPLOYEES IN ORDER TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST. THE GENERAL COUNSEL IS AUTHORIZED, WITH THE APPROVAL OF THE CHAIRPERSON OF THE BOARD, TO SEEK FROM DIRECTORS SUCH INFORMATION AS TO CONFLICTS OF INTEREST, NONPUBLIC CORPORATE INFORMATION AND GRATUITIES AS HE OR SHE DEEMS APPROPRIATE, INCLUDING PERIODIC DISCLOSURE OF INFORMATION ABOUT THE INTERESTS OF THE DIRECTOR WHICH COULD LEAD TO CONFLICTS OF INTEREST.

IN REGARDS TO ACTUAL OR APPARENT CONFLICTS OF INTEREST, A DIRECTOR SHALL:

1) REFRAIN FROM ANY USE OF THEIR POSITION AS A DIRECTOR WHICH IS MOTIVATED BY, OR GIVES THE APPEARANCE OF BEING MOTIVATED BY, THE DESIRE FOR GAIN FOR THE DIRECTOR OR FOR OTHER PERSON OR ORGANIZATION WITH WHICH HE OR SHE IS ASSOCIATED; 2) DISQUALIFY HIMSELF/HERSELF FROM FORMAL OR INFORMAL DISCUSSIONS WITH DIRECTORS OR PARTICIPATION IN ANY DECISIONS WHICH POSE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST. IF SUCH DISQUALIFICATION IS NECESSARY, THE DIRECTOR SHALL INFORM THE CHAIR OF THE BOARD OF THAT DISQUALIFICATION, AND THE CHAIR

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SHALL AS SOON AS POSSIBLE THEREAFTER INFORM THE OTHER DIRECTORS AND THE GENERAL COUNSEL OF NPR ("GENERAL COUNSEL") OF SUCH DISQUALIFICATION. IF THERE IS ANY QUESTION AS TO WHETHER THERE IS A CONFLICT OF INTEREST, THE DIRECTOR SHALL REQUEST A WRITTEN OPINION FROM GENERAL COUNSEL REGARDING THE PROPRIETY OF THE DIRECTOR'S INVOLVEMENT.

AFTER CONSULTING WITH THE GENERAL COUNSEL, THE CHAIR OF THE BOARD SHALL MOVE THAT THE BOARD VOTE SUCH CORRECTIVE ACTIONS AS MAY BE NECESSARY OR APPROPRIATE TO REMEDY ANY VIOLATION OF THE CONFLICT OF INTEREST POLICY FOR NPR DIRECTORS AS DETERMINED BY THE BOARD. SUCH MOTION SHALL BE MADE AT THE CHAIR'S INITIATIVE OR AT THE REQUEST OF ANY DIRECTOR. CORRECTIVE ACTIONS SHALL BE APPROPRIATE TO THE VIOLATION.

#### DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15B

THE ORGANIZATION SEEKS TO ENSURE THAT COMPENSATION IS REASONABLE UNDER SECTION 4958 AND REPRESENTS THE FAIR MARKET VALUE FOR SERVICES RENDERED. NPR ROUTINELY UTILIZES BENCHMARK STUDIES AND INDEPENDENT REVIEW OF MARKET COMPENSATION DATA FROM BOTH NOT-FOR-PROFIT AND MEDIA ORGANIZATIONS, PREPARED BY COMPENSATION CONSULTANTS, AT THE TIME OF EMPLOYEE HIRING OR WHEN SPECIAL COMPENSATION ADJUSTMENTS ARE AWARDED. THE ORGANIZATION SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION MAKING PROCESS. THE ORGANIZATION MAINTAINS ALL RECORDS REGARDING COMPENSATION.

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## JOINT VENTURE POLICY

FORM 990, PART VI, SECTION B, LINE 16B

NPR IS CURRENTLY DEVELOPING A JOINT VENTURE POLICY. IN THE MEANTIME, KEY NPR DEPARTMENTS INVOLVED IN THE DECISION MAKING FOR NEW JOINT VENTURES HAVE BEEN EDUCATED AND FULLY UNDERSTAND THE REQUIREMENTS NECESSARY OF AN EXEMPT ORGANIZATION TO SAFEGUARD ITS EXEMPTION STATUS WHILE PARTICIPATING IN ANY EXTRAORDINARY BUSINESS RELATIONSHIPS.

## AVAILABILITY OF OTHER DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

CURRENT AND PRIOR YEAR AUDITED FINANCIAL STATEMENTS AND FORMS 990 & 990-T ARE POSTED AND AVAILABLE FOR DOWNLOAD ON WWW.NPR.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

|                      |            |
|----------------------|------------|
| UNREALIZED GAIN      | 3,452,431  |
| NPM REVENUE          | -5,650,530 |
| NPM EXPENSES         | 6,153,654  |
| CHANGES IN BERLIN NA | -282       |
|                      | -----      |
| TOTAL                | 3,955,273  |

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF NPR IS TO WORK IN PARTNERSHIP WITH MEMBER STATIONS TO CREATE A MORE INFORMED PUBLIC - ONE CHALLENGED AND INVIGORATED BY A DEEPER UNDERSTANDING AND APPRECIATION OF EVENTS, IDEAS AND CULTURES.

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NATIONAL PUBLIC RADIO, INC.

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO ACCOMPLISH ITS MISSION, NPR PRODUCES, ACQUIRES, AND DISTRIBUTES PROGRAMMING THAT MEETS THE HIGHEST STANDARDS OF PUBLIC SERVICE IN JOURNALISM AND CULTURAL EXPRESSION; NPR REPRESENTS ITS MEMBERS IN MATTERS OF THEIR MUTUAL INTEREST; AND NPR PROVIDES SATELLITE INTERCONNECTION FOR THE ENTIRE PUBLIC RADIO SYSTEM.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

NEWS AND ENTERTAINMENT, DIGITAL MEDIA, PROGRAMMING, AND ENGINEERING - NPR IS AN INTERNATIONALLY RECOGNIZED PRODUCER AND DISTRIBUTOR OF NEWS, INFORMATION, DIGITAL MEDIA PROGRAMMING, AND AN INDUSTRY LEADER IN SOUND GATHERING AND AUDIO PRODUCTION. DURING THIS FISCAL YEAR, NPR PROGRAMMING, INCLUDING MORE THAN 120 HOURS OF ORIGINAL BROADCAST CONTENT EACH WEEK, WAS HEARD ON MORE THAN 900 PUBLIC RADIO STATIONS IN THE UNITED STATES REACHING A WEEKLY AUDIENCE OF MORE THAN 34.8 MILLION PEOPLE. PUBLIC RADIO COVERS 95% OF THE U.S. POPULATION. NPR PRODUCES OR DISTRIBUTES 26 NEWS, TALK, MUSIC AND ENTERTAINMENT PROGRAMS WHICH ACCOUNT FOR APPROXIMATELY 42% OF LISTENING ACROSS PUBLIC RADIO AIRWAVES. ADDITIONALLY, NPR PROGRAMMING IS HEARD ON SATELLITE RADIO, HD RADIO, ON MEMBER STATION WEB STREAMS, AND INTERNATIONALLY IN MORE THAN 150 COUNTRIES. NPR ALSO BROADCASTS ITS PROGRAMMING TO THE U.S. MILITARY AND THEIR FAMILIES THROUGH AMERICAN FORCES RADIO AND OTHER INTERNATIONAL SERVICES.



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ATTACHMENT 2 (CONT'D)

PROGRAMS DISTRIBUTED BY NPR INCLUDE: MORNING EDITION, ALL THINGS CONSIDERED, ALL THINGS CONSIDERED-WEEKEND, WEEKEND EDITION SATURDAY, WEEKEND EDITION SUNDAY, TALK OF THE NATION, TELL ME MORE, FRESH AIR, THE DIANE REHM SHOW, CAR TALK, WAIT WAIT...DON'T TELL ME!, ON POINT, MARIAN MCPARTLAND'S PIANO JAZZ, THISTLE & SHAMROCK, SNAP JUDGMENT, AND NPR NEWSCASTS 24 HOURS A DAY.

NPR FUNDS ITS OPERATION THROUGH ITS OWN REVENUE-GENERATING ACTIVITIES. TYPICALLY, UNRESTRICTED OPERATIONAL REVENUE IS DERIVED FROM PROGRAM FEES PAID BY THE STATIONS. THE BALANCE OF NPR'S ANNUAL REVENUE COMES FROM CORPORATE SPONSORSHIP, COMPETITIVE GRANTS, AND CONTRIBUTIONS FROM PRIVATE FOUNDATIONS, MAJOR DONORS, AND ENDOWMENT DISTRIBUTIONS.

THE NPR DIGITAL MEDIA DIVISION EXPANDS NPR'S PUBLIC SERVICE BY OFFERING NPR CONTENT FREE OF CHARGE ON THE WEB, MOBILE DEVICES AND OTHER EMERGING DIGITAL PLATFORMS. CONTENT INCLUDES REAL-TIME NEWS REPORTS, LIVE STREAMS AND ON-DEMAND DOWNLOADS OF NPR AND MEMBER STATION AUDIO REPORTS, ARCHIVAL AUDIO SPANNING MORE THAN A DECADE, ORIGINAL FEATURE STORIES, ADDITIONAL INFORMATION AND INSIGHT INTO REPORTS AIRING ON NPR PROGRAMS, COMMENTARY, AND CONTENT EXCLUSIVE TO THE INTERNET.

NPR HAS COLLABORATED WITH THE MEMBER STATIONS TO SHOWCASE THE BREADTH AND DEPTH OF PROGRAMMING THROUGH THE NPR MUSIC SERVICE,

Name of the organization

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ATTACHMENT 2 (CONT'D)

INCLUDING LIVE STREAMING OF CONCERTS AND OTHER MUSIC EVENTS. NPR MAINTAINS AN OPEN APPLICATION PROGRAMMING INTERFACE THAT ENABLES MEMBER STATIONS AND THE GENERAL PUBLIC TO MAKE NON-COMMERCIAL USE OF NPR CONTENT ON OTHER DIGITAL PLATFORMS OF THEIR CHOOSING. NPR.ORG HAS ALSO EXPANDED BACK IN CAPABILITIES TO PROVIDE AN API WEB SERVICE FOR NPR AND MEMBER STATIONS FOR ALL STATION INFORMATION INCLUDING PROGRAM SCHEDULE, DIGITAL URLS AND LOCATION INFORMATION TO ENABLES VISITORS TO LOCATE THE LOCAL NPR MEMBER STATIONS, AS WELL AS FIND AREAS WHERE NPR CAN BE HEARD GLOBALLY. CAPABILITIES ON NPR WERE EXPANDED TO ALLOW FOR LIVE STREAMING OF MUSIC EVENTS WITH CONCURRENT COMMUNITY CHATS TO CREATE A COMMUNITY LISTENING EXPERIENCE.

THE NPR NEWS AND MUSIC APPS FOR THE IPHONE, IPAD AND ANDROID PLATFORMS HAVE CONTINUED TO BE UPDATED AND CREATE A PLACE TO EXPERIENCE STATION AND NPR CONTENT THAT IS UNIQUELY ORGANIZED BY NEWS, MUSIC, AND ARTS & LIFE CATEGORIES, WITH AUDIO AND VISUAL CONTENT THAT IS BROAD, DEEP AND TIMELY. THE NPR MUSIC APP IS A PLACE TO ENGAGE, EXPLORE AND DISCOVER MUSIC OF MANY GENRES. MUSIC, NEWS AND REVIEWS CAN BE READ WHILE LISTENING TO INTERVIEWS, LIVE CONCERTS OR EXCLUSIVE STREAMS OF ALBUMS BEFORE THEY ARE RELEASED. THE NEWS ANDROID APP WAS DEVELOPED AS AN OPEN SOURCE APP AND CONTINUES TO BE A COMMUNITY CREATED EXPERIENCE. THE IPHONE AND IPAD APPS HAVE CONTINUOUSLY RANKED IN THE TOP 10 FREE NEWS APPS IN THE APP STORE. A MOBILE APP WAS CREATED THAT FEATURES PLANET MONEY

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NATIONAL PUBLIC RADIO, INC.

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ATTACHMENT 2 (CONT'D)

CONTENT COVERING A WIDE RANGE OF BUSINESS AND FINANCIAL NEWS.

NPR ALSO LAUNCHED NEW CAPABILITY WITH A PARTNERSHIP WITH FORD, TO PROVIDED CONNECTED CAR CAPABILITIES IN 'SYNC' EQUIPPED FOR VEHICLES. THIS FUNCTIONALITY ADHERES TO FORD'S SAFETY STANDARDS WHILE ALLOWING CONSUMERS TO LISTEN TO ANY NPR MEMBER STATION IN THE COUNTRY OR LISTEN TO THE TOPICAL NEWS OF THEIR CHOICE.

NPR DIGITAL SERVICES WORKS WITH PUBLIC BROADCAST STATIONS TO GROW AND ENGAGE AUDIENCES ACROSS PLATFORMS BY PROVIDING WORLD-CLASS CONTENT, TECHNOLOGY AND BUSINESS SUPPORT. NPR DIGITAL SERVICES ENABLES STATIONS TO PROVIDE MORE VALUE TO THEIR CURRENT AUDIENCE AND TO ENGAGE OPINION MAKERS AND THOUGHT LEADERS MORE DEEPLY BY FREEING STATIONS TO FOCUS ON MISSION-DERIVED LOCAL CONTENT, BRAND POSITIONING AND REVENUE DEVELOPMENT. NPR DIGITAL SERVICES RENDERS DIGITAL TOOLS AND SERVICES FOR PUBLIC RADIO STATIONS AND PRODUCERS SUCH AS PROVIDING CONTINUOUSLY IMPROVING MARKETING AND DONATION PRODUCTS, PUBLISHERS THAT ALLOW FOR EASE OF WEBSITE MANAGEMENT, AND THE TRACKING AND REPORTING OF PUBLIC RADIO STREAMING FIGURES. SCRUM, AND AGILE SOFTWARE DEVELOPMENT PROCESS THAT FOSTERS ACCOUNTABILITY, VISIBILITY, IMPROVED QUALITY AND IS BASED ON THE NOTION OF "HIGH VELOCITY", SELF-MANAGED TEAMS, HAS BEEN FULLY ADOPTED AND APPLIED TO ALL OF NPR'S SOFTWARE DEVELOPMENT EFFORTS.

NPR2 IS NPR'S SATELLITE RADIO PROGRAMMING UNIT THAT IS RESPONSIBLE

|   |                                |
|---|--------------------------------|
| Name of the organization<br>NATIONAL PUBLIC RADIO, INC. | Employer identification number |
|---|--------------------------------|

ATTACHMENT 2 (CONT'D)

FOR PROVIDING TWO 24-HOUR CHANNELS ON SIRIUS/XM RADIO, A DIGITAL SATELLITE TO VEHICLE BROADCASTING SYSTEM. THE TWO CHANNELS, NPR NOW AND NPR TALK, FEATURE A MIX OF NATIONALLY AND LOCALLY PRODUCED PUBLIC RADIO PROGRAMS. NPR ALSO PROGRAMS A WEB ONLY STREAM FOR THE SERVICE. NPR2 SEEKS TO EXTEND NPR'S SERVICE TO LISTENERS IN THIS PLATFORM AND BUILD NEW DIVERSE AUDIENCES FOR PUBLIC RADIO.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

NPR'S DISTRIBUTION DIVISION OPERATES AND MANAGES THE PUBLIC RADIO SATELLITE SYSTEM (PRSS). PRSS IS A COMBINED SATELLITE AND INTERNET CONTENT DISTRIBUTION SERVICE FOR PUBLIC RADIO PROGRAMMING AND RELATED DIGITAL CONTENT. IN ADDITION TO ITS REGULAR OPERATIONS, DISTRIBUTION MANAGES GRANT FUNDED NATIONAL PROJECT INITIATIVES IN SUPPORT OF THE PRSS ACTIVITIES. RELATED DIGITAL CONTENT IS COMPRISED OF NPR'S CONTENT AS WELL AS CONTENT FROM OTHER PROGRAM PRODUCERS AND INDEPENDENT (NON-INSTITUTIONAL) RADIO PRODUCERS. THE PRSS IS AVAILABLE TO PUBLIC RADIO USERS, REGARDLESS OF SIZE, INCOME, ORGANIZATION OR PROGRAMMING AFFILIATION. THE ANNUAL OPERATIONS OF THE PRSS ARE SUPPORTED BY THE FEES PAID BY BOTH PUBLIC AND COMMERCIAL CLIENTS FOR THEIR USE OF THE SYSTEM.

THE NPR LABS GROUP IS RECOGNIZED INTERNATIONALLY AS A RADIO TECHNOLOGY AUTHORITY. THE MULTICASTING CAPABILITY LED BY NPR LABS

Name of the organization

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ATTACHMENT 3 (CONT'D)

ENABLES ALL FM RADIO STATIONS, COMMERCIAL AND NON-COMMERCIAL, TO OFFER MULTIPLE STREAMS OF PROGRAMMING ON ONE CHANNEL, FREE TO THE PUBLIC. MORE NPR-INITIATED INNOVATIONS IN DIGITAL RADIO ARE CURRENTLY UNDERWAY, INCLUDING GRANT FUNDED PROJECTS TO DEVELOP ACCESSIBLE MEDIA SERVICES FOR THOSE WITH HEARING AND VISION IMPAIRMENTS. IN NOVEMBER 2008, NPR DEMONSTRATED THE WORLD'S FIRST NATIONWIDE TEST OF LIVE, CAPTIONED RADIO FOR INDIVIDUALS WHO ARE DEAF OR HARD-OF-HEARING. SINCE THEN, NPR LABS WAS ASKED BY THE HELEN KELLER NATIONAL CENTER TO DEVELOP A BRAILLE RADIO SERVICE DEMONSTRATION, WHICH HAS BEEN PROTOTYPED FOR INTEGRATION WITH THE PENDING LAUNCH OF CAPTIONED RADIO SERVICES, AND THIS YEAR NPR LABS COMPLETED THE DEMONSTRATION OF CAPTIONED BRAILLE. THE GROUP ALSO FURTHERED DEVELOPMENT ON ACCESSIBLE ALERTING SERVICES FOR THE GENERAL PUBLIC, AS WELL AS FIRST RESPONDERS, AND A DEMONSTRATION OF HOW IT IS POSSIBLE TO PROVIDE EMERGENCY ALERTS FOR THE DEAF, HARD-OF-HEARING AND DEAF-BLIND IN THE EVENT OF A NATURAL DISASTER, SUCH AS A HURRICANE OR TORNADO, OR AN AMBER OR SILVER ALERT, IN THE EVENT OF A MISSING CHILD OR ADULT. KNOWN FOR STATE-OF-THE-ART SIGNAL MAPPING SERVICES, NPR LABS CONTINUED DEMONSTRATING UTILITY LOAD MANAGEMENT SYSTEMS FOR SMART-GRID SUPPORT. IN ADDITION, NPR LABS DEVELOPMENT INCLUDED WORK ON A NEW SINGLE FREQUENCY FM BOOSTER TECHNOLOGY AND THE PENDING ISSUANCE OF ITS FIRST TWO

Name of the organization

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ATTACHMENT 3 (CONT'D)

PATENTS, FOR DISPLAYS FOR LIVE CHASE VIDEO DESCRIPTION AND FOR IBOC SIGNAL MAPPING. THE GROUP COMPLETED DEVELOPMENT OF ASYMMETRICAL SOLUTIONS FOR HIGH-POWER HD RADIO, AND THE FEDERAL COMMUNICATIONS COMMISSION (FCC) RECENTLY AUTHORIZED THE SOLUTIONS FOR EXPERIMENTAL USE. THE FCC ALSO ADOPTED NPR'S RECOMMENDED GUIDELINES FOR INTRODUCING HIGH-POWER HD RADIO AND UPDATED MAPPING OF ALL PUBLIC RADIO AND PUBLIC TV STATIONS, INCLUDING COMPARISONS WITH 1990, 2000 AND 2010 CENSUS DEMOGRAPHIC DATA. NPR LABS IS ALSO PIONEERING A NEW ON-CHANNEL LOW-COST, LOW-INTERFERENCE FM BOOSTER SYSTEM FOR IMPROVING SIGNAL COVERAGE FOR ALL FM STATIONS WITH POCKETS OF SPOTTY COVERAGE.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE MEMBERSHIP OF NPR CONSISTS OF 268 NON-COMMERCIAL BROADCAST ORGANIZATIONS THAT OPERATE 840 RADIO STATIONS. INCLUDING 98 NON-MEMBER PUBLIC STATIONS, NPR PROGRAMMING CAN BE HEARD ON 938 TOTAL STATIONS, MAKING NPR THE SECOND LARGEST RADIO GROUP IN THE COUNTRY AND THE LARGEST IN PUBLIC RADIO. NPR'S MEMBER AND AUDIENCE PARTNERSHIP DEPARTMENT HELPS MEMBER STATIONS INCREASE AUDIENCE, REVENUE, AND VALUE TO THEIR COMMUNITIES. NPR SUPPORTS ITS MEMBER STATIONS BY SERVING AS LIAISON WITH NPR NEWS AND PROGRAMMING, ASSISTING WITH PROMOTIONAL EFFORTS, AND HELPING TO MAXIMIZE THE VALUE OF NPR'S PROGRAMS, PRODUCTS, AND SERVICES FOR INDIVIDUAL STATIONS. IN ADDITION NPR HELPS STATIONS WITH FUNDRAISING

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

ATTACHMENT 4 (CONT'D)

ACTIVITIES, POLICY AND REPRESENTATION IN GOVERNMENT, AND BY  
SUPPORTING STATIONS' EFFORTS TO BUILD LOCAL NEWS AND DIGITAL  
CAPACITY.

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

GERMANY

IRAQ

RUSSIA

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

DC, IL, KY, MD, MA,

MN, MS, MO, NH, NJ, NY, NC, OK, PA,

SC, TN, UT, VA, WV, WI,

ATTACHMENT 7FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

| NAME AND TITLE                                  | HOURS DEVOTED FOR RELATED ORGANIZATION |
|---|--|
| GARY E. KNELL<br>CEO & PRESIDENT (PARTIAL YEAR) | 1.00                                   |
| DEBORAH COWAN<br>CFO & TREASURER                | 1.00                                   |

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

ATTACHMENT 8

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| TAPPET BROTHERS ASSOCIATES<br>5 JOHN F. KENNEDY STREET, STE 304<br>CAMBRIDGE, MA 02138 | CAR TALK SHOW                  | 3,039,212.          |
| WEIL, GOTSHAL & MANGES, LLP (NY)<br>PO BOX 9640<br>UNIONDALE, NY 11555                 | LEGAL SERVICES                 | 750,507.            |
| WHYY INC<br>150 NORTH SIXTH STREET<br>PHILADELPHIA, PA 19106                           | FRESH AIR SHOW                 | 3,689,649.          |
| SITWORX, INC<br>11480 COMMERCE PARK DRIVE, SUITE 300<br>RESTON, VA 20191               | DESIGN SERVICES                | 1,072,751.          |
| LIMELIGHT NETWORKS, INC<br>PO BOX 123026<br>DALLAS, TX 75312                           | WEB HOSTING SERVICES           | 530,457.            |
| TOTAL COMPENSATION   |                                | <u>9,082,576.</u>   |



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) NPR FOUNDATION<br>1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002<br>52-1795789 | GENERAL SUPPT           | DC   | 501(C)(3)                  | 509(A)(3)   | N/A                              |  | X  |
| (2) NPR MEDIA BERLIN GMBH<br>KURFURSTENDAMM 31 BERLIN, GM<br>98-0687520                | GENERAL SUPPT           | GM   | N/A                        | N/A   | NPR, INC.                        | X  |    |
| (3) -----  |                         |  |                            |   |                                  |  |    |
| (4) -----  |                         |  |                            |   |                                  |  |    |
| (5) -----  |                         |  |                            |   |                                  |  |    |
| (6) -----  |                         |  |                            |   |                                  |  |    |
| (7) -----  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2011

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN<br>of<br>related organization    | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|---------------------------------------|---|----|--|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |                                       | Yes                                     | No |  | Yes                                       | No |                                |
| (1) NATIONAL PUBLIC MEDIA 26-11567<br>156 W. 56TH ST., STE 903 | MEDIA UNDERWRITIN       | NY   | NPR, INC.                           | RELATED   | 9,566,687.                      | 9,297,332.                            |   | X  | 597,601.   |   | X  | 72.0000                        |
| (2) -----  |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (3) -----  |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (4) -----  |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (5) -----  |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (6) -----  |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (7) -----  |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|
| (1) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (2) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (3) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (4) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (5) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (6) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (7) -----   |                         |  |                                     |  |                                 |                                       |                                |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .                  |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>g</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>h</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | X   |    |
| <b>n</b> Sharing of paid employees with related organization(s) . . . . .  | X   |    |
| <b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .  | X   |    |
| <b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .  | X   |    |
| <b>q</b> Other transfer of cash or property to related organization(s) . . . . .   | X   |    |
| <b>r</b> Other transfer of cash or property from related organization(s) . . . . .   | X   |    |

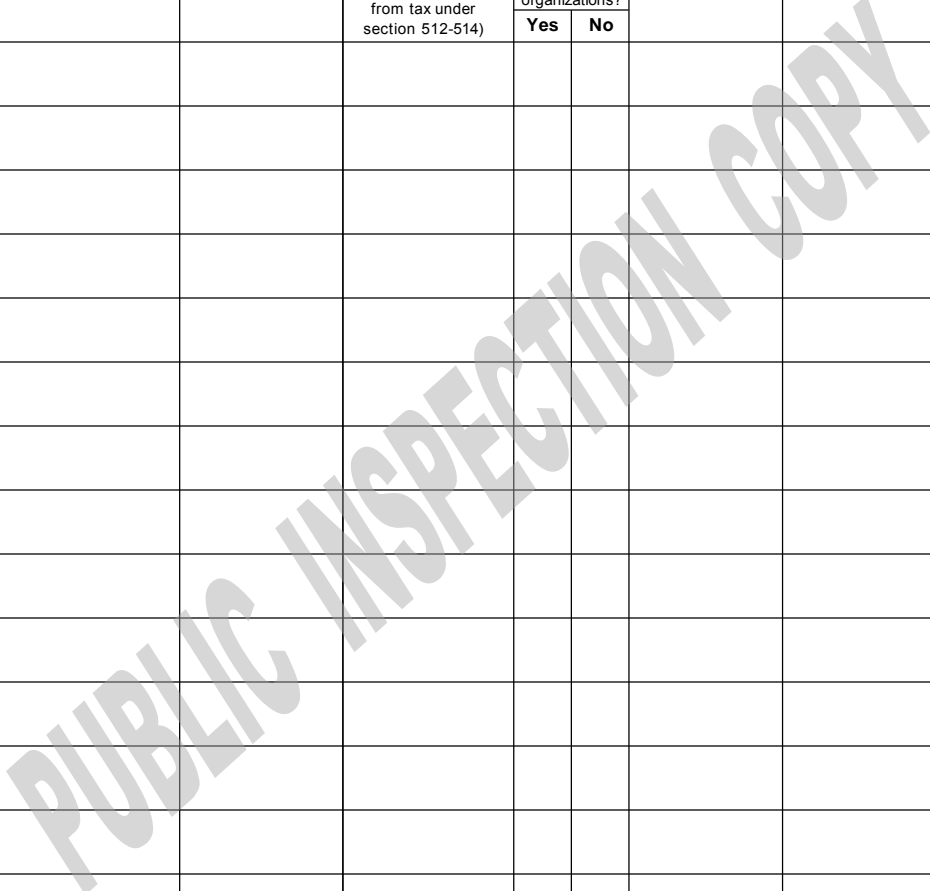
**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of other organization | (b)<br>Transaction type (a–r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) NPR MEDIA BERLIN GGMBH        | O                             | 161,755.               | FMV  |
| (2) NATIONAL PUBLIC MEDIA LLC     | M                             | 1,282,706.             | FMV  |
| (3) NATIONAL PUBLIC MEDIA LLC     | O                             | 7,478,015.             | FMV  |
| (4) NATIONAL PUBLIC MEDIA LLC     | Q                             | 108,069.               | FMV  |
| (5) NATIONAL PUBLIC MEDIA LLC     | R                             | 360,000.               | FMV  |
| (6)                               |                               |                        |  |

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under section 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|---|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |   | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |



**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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