Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

AI	or th	1e 201	4 calendar year, or tax year begil	nning 10/01, 2014,	, and ending				/30, 20 15	
R a	N		C Name of organization				D Employer iden	tificat	ion number	
_	Check if a		NATIONAL PUBLIC RADIO	, INC.			52-0907	625		
	Addre chang		Doing business as NPR							
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite					
	Initial	l return	1111 NORTH CAPITOL ST	(202) 513	3-20	000				
	Final termin	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amen return	nded	WASHINGTON, DC 20002			- 1	G Gross receipts	s \$	267,392,7	738.
		cation	F Name and address of principal officer:	JARL MOHN		ŀ	H(a) Is this a group subordinates?	returr	for Yes 2	X No
		5	1111 NORTH CAPITOL ST	REET NE WASHINGTON, DC	20002	ŀ	H(b) Are all subordir		luded? Yes	No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		If "No," attach	a list.	(see instructions)	
J	Websi	ite: 🕨	WWW.NPR.ORG				H(c) Group exemp	tion nu	mber >	
K	Form o	of organ	nization: X Corporation Trust	Association Other >	L Year of fo	ormatio	n: 1970 M s	State o	of legal domicile:	DC
P	art I	Su	ımmary						_	
		Briefly	/ describe the organization's mission o	r most significant activities: NATION	NAL PUBLIC	C RA	DIO, INC.	. (N	IPR) WORKS	
ø			PARTNERSHIP WITH MEMBER							
anc			CHALLENEGED AND INVIGOR				J			
èrn	2	Check	this box F if the organization d	iscontinued its operations or dispose	d of more than	25% c	of its net assets			
Governance	1		er of voting members of the governing				1	3		17.
	4	Numb	er of independent voting members of t	he governing body (Part VI. line 1b)				4		16.
Activities &	5	Total	number of individuals employed in cale	endar vear 2014 (Part V. line 2a)				5	1,3	
Ξ̈́	6		number of volunteers (estimate if neces					6	,	41.
Ac	_		unrelated business revenue from Part V	III. column (C) line 12				7a	14,170,2	80.
			nrelated business taxable income from					7b	-1,383,7	
			molatou suomoso taxasis moomo nom				Prior Year	-	Current Yea	
	8	Contri	ibutions and grants (Part VIII, line 1h)			8	31,542,198	3.	80,146,3	318.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			6,896,858	_	107,943,3		
š	_	Invest	ment income (Part VIII, column (A), line			1,709,413.		4,685,2		
ď	11		revenue (Part VIII, column (A), lines 5,				4,053,406		3,756,0	
	12		revenue - add lines 8 through 11 (must				4,201,875	_	196,531,0	
_	13		s and similar amounts paid (Part IX, colu				51,88	_	104,4	
	14		its paid to or for members (Part IX, colu				32,00	0		0
	45		es, other compensation, employee bene			12	29,604,760	1	120,863,9	961
Expenses	16a		ssional fundraising fees (Part IX, column				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0		0
ber	h	Total	fundraising expenses (Part IX, column (D) line 25) \ 13.749.013				+		
ŭ	17		expenses (Part IX, column (A), lines 11			9	94,800,049	9	81,950,9	32
			expenses. Add lines 13-17 (must equal				24,456,69	_	202,919,3	
	19		nue less expenses. Subtract line 18 fron				20,254,822	-	-6,388,3	
es		TTCVCI	ide less expenses. Gubtraet line 10 from	1 1110 12			ing of Current Yo		End of Year	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		<u> </u>		54,831,728	_	344,175,9	50
Ass Bal	21		liabilities (Part X, line 26)				4,617,464	_	216,650,4	
E de	22		ssets or fund balances. Subtract line 21	from line 20			0,214,264	_	127,525,5	
	rt II		gnature Block	nom line 20			0,211,20		127,323,3	, <u></u>
			of perjury, I declare that I have examined th	is return, including accompanying schedu	les and stateme	nts and	d to the best of	mv kr	nowledge and belie	ef it is
tru	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of which	ch preparer has a	any kno	wledge.	,		
Sig	jn		Signature of officer				Date			
He	re		_	CFO ANI	TREASUR	E.B.				
			Type or print name and title	CI O THVI	J 11(11/1001)					
			Type preparer's name	Preparer's signature	Date		Chook	if P	TIN	
Paid	t		C R BERGER, CPA				Check self-employe	"	P01871563	
Pre	parer			I		Τ.	Firm's EIN \blacktriangleright 1			
Use	Only								393-0600	
Mar	the !!		saddress ▶8401 GREENSBORO DRIVE, SU cuss this return with the preparer show				Phone no. 7/	00-6		
				, , , , , , , , , , , , , , , , , , , ,			<u> </u>	<u> </u>	X Yes Form 990 (<u>No</u>
ror	rape	I WOLK	Reduction Act Notice, see the separat	e manuchons.					roim 330 (∠∪14)

Electronic Filing Page 1 of 1

	ve e-File History 2014
	Federal
Locator:	4022FY
Taxpayer Name:	NATIONAL PUBLIC RADIO, INC.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	08/11/2016 09:58:23
Acknowledgement Date:	08/11/2016 10:26:26
Status:	Accepted
Submission ID:	54621820162245000005
	PEC/10

Form 8879-EN

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-1	87	8

For calendar year 2014, or fiscal year beginning 10/01 , 2014, and ending 09/30 , 20

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Employer identification number Name of exempt organization 52-0907625 NATIONAL PUBLIC RADIO, INC. 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-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► ✓ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ► □ b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . 5_b **Declaration and Signature Authorization of Officer** Part II 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 2014 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 to enter my PIN as my signature ☐ I authorize ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2014 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 2014 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. 08/11/2016 Officer's signature ▶ **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 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. 08/11/2016 ERO's signature ▶ Date ▶

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

> > Form 8879-EO (2014)



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NATIONAL PUBLIC RADIO INC % NPR INC POC DEBORAH A COW 1111 NORTH CAPITOL ST NW WASHINGTON DC 20002

Notice	CP211A
Tax period	September 30, 2015
Notice date	March 14, 2016
Employer ID number	52-0907625
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555
Page 1 of 1	



243346

Important information about your September 30, 2015 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your September 30, 2015 Form 990. Your new due date is May 15, 2016.

What you need to do

File your September 30, 2015 Form 990 by May 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



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NATIONAL PUBLIC RADIO INC % NPR INC POC DEBORAH A COW 1111 NORTH CAPITOL ST NW WASHINGTON DC 20002

Notice	CP211A					
Tax period	September 30, 2015					
Notice date	June 27, 2016					
Employer ID number	52-0907625					
To contact us	Phone 1-877-829-5500					
	FAX 801-620-5555					

Page 1 of 1



293439

Important information about your September 30, 2015 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your September 30, 2015 Form 990. Your new due date is August 15, 2016.

What you need to do

File your September 30, 2015 Form 990 by August 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Page 2 Form 990 (2014)

K	Check if Schedule O contains a response or note to any line in this Part III
	ATTACHMENT 1
_	
pr If	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O.
se	id the organization cease conducting, or make significant changes in how it conducts, any program ervices? Yes," describe these changes on Schedule O.
4 Do	escribe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.
	Code:) (Expenses \$146,859,563 including grants of \$104,463) (Revenue \$93,357,984) ATTACHMENT 2
_	
_	
_	
_	
_	,6
_	
	Code:) (Expenses \$14,014,076 including grants of \$
_	
_	
_	
_	
_	
_	
	Code:) (Expenses \$ _{1,444,875} including grants of \$ ₀) (Revenue \$ _{3,308,550}) ATTACHMENT 4
_	ATACHEMI 7
_	
_	
_	
_	
_	
_ _ _	
_ _ _ _	
	ther program services (Describe in Schedule O.) ATTACHMENT 5 Expenses \$ 970,387. including grants of \$ 0) (Revenue \$ 117,004.)

Part IV **Checklist of Required Schedules** No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Χ 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Χ Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance Х 815 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: ▶ <u>ATTACHMENT</u> 6 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Χ c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? 6a **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Х X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

52-0907625

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 or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
2004	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
becu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>7.)</i> Yes	No
		100	103	X
	Did the organization have local chapters, branches, or affiliates?	10a		25
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	ıza	- 21	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
12	describe in Schedule O how this was done	13	X	
13 14		14	X	
14	Did the organization have a written document retention and destruction policy?	17		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_7			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•		- /
	X Own website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s:▶		
	NPR,INC. DEBORAH A. COWAN, CFO, 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	202	-513-	2000

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

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

- 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	lorga	niza	itior	ı co	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	erson	e than cois both cor/trust Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
_(1)MOHN, JARL	39.00									
PRESIDENT & CEO	1.00	X		Х				229,969.	0	5,072.
(2)ARREDONDO, FABIOLA	1.00									
DIRECTOR	0	X						C	0	0
(3)BOSKIN, CHRIS	1.00									
DIRECTOR	0	Х						C	0	0
_(4)CRANE, MIKE	1.00									
DIRECTOR	0	Х						C	0	0
	1.00	X							0	0
(6)DUST, FRED	1.00									
DIRECTOR	10	X							0	0
(7)GARDELLA, BETSY	1.00	21							0	
DIRECTOR	10	X							0	0
(8)HAAGA, PAUL G. JR.	1.00	- 21							0	
DIRECTOR	10	X							0	0
(9)JENSEN, KIT	1.00									
DIRECTOR	0	Х							0	0
(10)LAMAY, ROGER	1.00								,	
DIRECTOR	0	Х							0	0
(11)MATHES, CARYN	1.00									
DIRECTOR	10	X							0	0
(12) PETROWICH, GREG	1.00	- 25	\vdash							<u> </u>
DIRECTOR	10	X							0	0
(13)RIVERO, MARITA	1.00	- 25								
DIRECTOR	10	X							0	0
(14)ROGERS, FLORENCE M.E.	1.00	25								<u> </u>
DIRECTOR	1.00	X							0	0
					1		1			

Form **990** (2014)

JSA

Form 990 (2014)

Co	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continue	ed)	
15 SAROW, ROGER	• •	Average hours per week (list any	box,	unles	Pos heck ss pe	ition more	is both	an	Reportable compensation from	Reportable compensation from related	an	stimated nount of other	f
DIRECTOR		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		fr org an	om the anization d related	n d
16 SAVAGE, MIKE		+	x							0			0
DIRECTOR													
17 SWANSON, KERRY		+	x							0			0
DIRECTOR									Ĭ				
18 WALKER, CONNIE		+	v										0
DIRECTOR			21										
1.00		+	v							0			0
DIRECTOR			Δ.							0			
20 WOTOWICZ, JOHN S. 1.00		+	v							0			0
DIRECTOR			Δ.										
21) BEACH, MICHAEL F.		+	v							0			0
VP, DISTRIBUTION 0 X 130,433. 0 10,273. 22) BRAND, ZACHARY J. 40.00 X 224,706. 0 33,808. 23) CARRASCO, EMMA J. 40.00 X 345,316. 0 13,547. 24) COWAN, DEBORAH A. 39.00 X 238,998. 0 25,113. 25) GARRISON, STANLEY M. 40.00 X 257,420. 0 34,831. 1b Sub-total ▶ 229,969. 0 5,072. c Total from continuation sheets to Part VII, Section A ▶ 7,870,465. 0 619,088. d Total (add lines 1b and 1c) ▶ 8,100,434. 0 624,160. 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 ▶ 415 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X			Λ							0			
22) BRAND, ZACHARY J. 40.00		+	1		v				130 433	0		10 2	77
VP, NPR DIGITAL MEDIA 0 X 224,706. 0 33,808. 23) CARRASCO, EMMA J. 40.00 X 345,316. 0 13,547. 24) COWAN, DEBORAH A. 39.00 X 238,998. 0 25,113. 25) GARRISON, STANLEY M. 40.00 X 257,420. 0 34,831. 1b Sub-total ▶ 229,969. 0 5,072. c Total from continuation sheets to Part VII, Section A ▶ 7,870,465. 0 619,088. d Total (add lines 1b and 1c) ▶ 8,100,434. 0 624,160. 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 ▶ 415 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No					21				130,133.	0		10,2	73.
23) CARRASCO, EMMA J.		+			y				224 706	0		33 B	≀∩ 8
CMO & SR.VP AUDIENCE DEVELOPM. 0					21				221,700.			33,0	-00.
24) COWAN, DEBORAH A. CFO & TREASURER 1.00		+	-		v		7		345 316			12 5	:47
CFO & TREASURER 1.00					21				343,310.			13,3	17.
25 GARRISON, STANLEY M. 40.00 X 257,420. 0 34,831. 1b Sub-total 229,969. 0 5,072. c Total from continuation sheets to Part VII, Section A 7,870,465. 0 619,088. d Total (add lines 1b and 1c) 8,100,434. 0 624,160. 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 ▶ 415 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X		+	-		v				238 008			25 1	12
VP, TECH OPS&BROADCAST ENGING 0 X 257,420. 0 34,831. 1b Sub-total ≥ 229,969. 0 5,072. c Total from continuation sheets to Part VII, Section A ≥ 7,870,465. 0 619,088. d Total (add lines 1b and 1c) ≥ 8,100,434. 0 624,160. 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 ≥ 415 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No					Λ				230,990.	0		۷۵,1	13.
1b Sub-total ≥ 229,969. 0 5,072. c Total from continuation sheets to Part VII, Section A ≥ 7,870,465. 0 619,088. d Total (add lines 1b and 1c) ≥ 8,100,434. 0 624,160. 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 ≥ 415 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X		40.00		ľ	77				257 420			24 0	21
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 415 Yes No 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 17,870,465. 0 619,088. 8,100,434. 0 624,160. Yes No					Λ					0			
d Total (add lines 1b and 1c)													
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 ▶ 415 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													
reportable compensation from the organization ▶ 415 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								<u> </u>			6	24,1	60.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								o re	eceived more than	\$100,000 of			
employee on line 1a? If "Yes," complete Schedule J for such individual												Yes	No
											3	X	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	4 For any individual listed on line 1a, is the	sum of rep	ortab	ole c	com	per	satio	n a	nd other compens	sation from the			
individual											4	Х	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X	5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individual			7.5

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.

(C) 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 ► 58

	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than to both is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	(F) stimated nount o other apensati om the anization d related anization	f ion on d
26)	HANSON, MONIQUE H.	40.00											
	CHIEF DEVELOPMENT OFFICER	0	_		Х				310,001.	0		16,4	134.
27)	HART, JONATHAN	40.00	-						100 004				0
	CLO, GC, SECRETARY	0	_		Х				192,324.	0		5,5	559.
28)	HOOLEY, GEMMA	40.00	-		37				106 606			20 1	227
201	VP, MEMBER PARTNERSHIP	10 00	_		Х				186,686.	U		20,2	<u> </u>
29)	KEMPF, ROBERT P. VP, NPR DIGITAL SERVICES	40.00	-		Х				245,600.			17,6	500
301		40.00	_		Λ				245,000.	0		1/,0	,00.
30)	LANG, ELISABETH G. ASSISTANT TREASURER	1-40.00	-		Х				166,135.			28,8	210
31 \	LUMBARD, SARAH E.	40.00	-		Λ				100,133.			20,0	940.
21/	VP, CONTENT STRATEGY AND OPS	10.00	-		Х				196,339.	0		18,4	153
32)	MACDONALD, JOYCE	40.00	_		21				130,333.			10,	
22/	COS AND VP, MEMBER PARTNERSHIP	0	-		Х				287,952.	0		27,3	320.
33)	MAYOR, LOREN A.	40.00	_										
	COO, SR. VICE PRESIDENT	0	-		Х				284,337.	0		22,2	221.
34)	NUZUM, ERIC D.	40.00					1						
	VP, PROGRAMMING	0			Х				166,439.	0		27,3	362.
35)	ORESKES, MICHAEL	40.00											
	SVP NEWS, EDITORIAL DIRECTOR	0			Х				C	0			C
36)	POWELL, MARJORIE	40.00											
	VP, HUMAN RESOURCES	0			Х				58,161.	0		1,8	326.
1b	Sub-total												
С	Total from continuation sheets to Part VII, S	ection A						\blacktriangleright					
	Total (add lines 1b and 1c)							>					
2	Total number of individuals (including but not		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of			
	reportable compensation from the organization	n ▶	415	5									
												Yes	No
3	Did the organization list any former office	er, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated			
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividu	ual						3	Х	
4	For any individual listed on line 1a, is the												
	organization and related organizations gro	eater than	\$15	50,0	00?	! It	"Yes	s,"	complete Schedu	le J for such			
	individual										4	Х	
5	Did any person listed on line 1a receive or												
	for services rendered to the organization? If "Yo	es," comple	te Scl	nedu	ıle .	J for	such	per	son		5		X
Se	ction B. Independent Contractors												

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot ch unles	Pos neck ss pe	more rson	than or/trust e than or/trust e than or/trust e than bighest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
37) RIKSEN, MICHAEL R. VP, POLICY & REPRESENTATION	40.00			Х				233,125.	0	33,499.
38) SHANAHAN, MICHELLE M. ASSISTANT SECRETARY	40.00			Х				186,921.	0	15,315.
39) TURPIN, CHRISTOPHER VP, NEWS PROGR., & OPERATIONS	40.00			Х				203,500	J 0	34,933.
40) WILSON, KINSEY CHIEF CONTENT OFFICER, EVP	40.00			Х				540,420.	0	30,155.
41) WOODS, KEITH M. VP, DIVERSITY IN NEWS & OPS	40.00			Х				222,589.	0	15,366.
42) INSKEEP, STEVEN A. SR. HOST, MORNING EDITION	40.00					Х		381,448.	0	32,303.
43) MONTAGNE, RENEE SR. HOST, MORNING EDITION CA	40.00					Х		394,110.	0	26,761.
44) SAGAL, PETER HOST, WWDTM	40.00					Х		362,744.	0	32,441.
45) SIEGEL, ROBERT SR. HOST ATC	40.00					Х		392,249.	0	23,655.
46) SIMON, SCOTT SR. HOST WE	40.00					Х		398,879.	0	34,577.
47) LOEWENSTEIN, PETER J. VP, DISTRIBUTION, TO 12/29/13	0	0					Х	218,913.	0	823.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not	ection A						► • re	eceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	415	<u> </u>							Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
individual	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	4 X
for services rendered to the organization? If "Yes," complete Schedule J for such person										

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	yees (co	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an ee)	from related		on from	am	(F) timated ount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization I related nization	i
48) MINATRA, TERRI J, VP, GC, ASST.SECR. TO 3/31/14	0						Х	308,214.		0		10,1	25.
49) SLOCUM, JOYCE CAO, SECRETARY, TO 12/6/13	0						Х	330,158.	4	0			0
50) LOW, MARGARET SVP, NEWS, TO 8/1/14	0						Х	210,306	7	0		24,6	11.
51) STARLING, MICHAEL I. VP, EXEC. DIR., TO 1/11/14	0						Х	196,042.	<	0		1,1	.02.
								4					
					_								
)							
			2										
		0											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *						
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	eceived more than	\$100,000	of			
					_			January and Makana		-41		Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo ule J for su	or, or ch ina	livid	uste ual	e,	кеу е	emp	oloyee, or nignes	compens	ated	3	Х	
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	00?	. If	"Yes					4	х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any					5		X
Section B. Independent Contractors													
 Complete this table for your five highest com- compensation from the organization. Report of year. 													
(A) Name and business address (B) Description of services Compensation													

Name and business address	Description of services	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 ▶

Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII........ (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 632,192 1b Fundraising events d Related organizations 1d 25,050,234 1e 65,000. Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above . 1f 54.398.892 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 80,146,318 Program Service Revenue **Business Code** 73,618,790 515100 73,618,790 STATION PROGRAMMING FEES 515100 11,276,817 8,909,622. 2,367,195 b DISTRIBUTION SERVICES C DIGITAL MEDIA SPONSORSHIP 900004 11,911,558 11,911,558. d MEMBERSHIP DUES 515100 3,308,550 3,308,550. DIGITAL SERVICES 518210 4,670,740 4,670,740 3,156,896 3,138,931 All other program service revenue Total. Add lines 2a-2f . 107,943,351 Investment income (including dividends, interest, 553,951 -530,489. 1,084,440. Income from investment of tax-exempt bond proceeds . 4 5 317,208. 2,317,208. (i) Real (ii) Personal 391,268. 6a Gross rents **b** Less: rental expenses . . . 106,541 284,727. c Rental income or (loss) d Net rental income or (loss) 284.727 284.727 (ii) Other 7a Gross amount from sales of (i) Securities assets other than inventory 99,838 73,307,802. b Less: cost or other basis 69,276,318. and sales expenses 4,031,484. 99.838 c Gain or (loss) d Net gain or (loss) 4,131,322. 4,131,322. Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses c Net income or (loss) from fundraising events..... 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities _____ > 10a Gross sales of inventory, less returns and allowances 1,999,934 1,478,879 **b** Less: cost of goods sold **b** Net income or (loss) from sales of inventory 117,004 404,051 521,055 Miscellaneous Revenue **Business Code** PARKING GARAGE FEES 812930 334,070 334,070. 11a 900099 SPACE LICENSE FEES 160,830 160,830. b MISCELLANEOUS REVENUE 900004 138,168. 138,168. d All other revenue 633,068 e Total. Add lines 11a-11d Total revenue. See instructions 14,170,280 8,450,765. 196,531,000 93.763.637

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising			
8b,	9b, and 10b of Part VIII.		expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	104,463.	104,463.					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0						
4		0						
	Compensation of current officers, directors, trustees, and key employees	6,262,901.	2,283,679.	3,608,386.	370,836.			
6	Compensation not included above, to disqualified	.,,		4				
•	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		7				
7	Other salaries and wages	93,642,029.	74,918,780.	15,935,399.	2,787,850.			
	Pension plan accruals and contributions (include		3,776,545	782,449.				
	section 401(k) and 403(b) employer contributions)	4,694,620.			135,626.			
	Other employee benefits	9,337,051.	24,112,954.	-15,739,235.	963,332.			
10	,	6,927,360.	5,421,156.	1,291,796.	214,408.			
	Fees for services (non-employees):							
	Management	854,998.	30,143.	824,855.				
	Legal	206,831.	30,143.	206,831.				
	: Accounting	541,070.	541,070.	200,031.				
	I Lobbying	341,070.	341,070.					
	Professional fundraising services. See Part IV, line 17.	141,683.		141,683.				
	Investment management fees	111,003.		111,003.				
y	Other. (If line 11g amount exceeds 10% of line 25, column	12,852,950.	7,140,208.	5,464,497.	248,245.			
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	254,034.	178,258.	65,902.	9,874.			
13	Office expenses	7,401,762.	2,483,107.	4,871,966.	46,689.			
14	Information technology	2,975,271.	2,545,470.	426,792.	3,009.			
15	Royalties	0		·	· · · · · · · · · · · · · · · · · · ·			
16	Occupancy	4,075,724.	11,871,671.	-8,221,859.	425,912.			
17	Travel	4,915,797.	3,807,129.	825,226.	283,442.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	1,172,298.	202,177.	546,473.	423,648.			
20	Interest	7,676,086.		7,676,086.				
21	Payments to affiliates.	0						
22	Depreciation, depletion, and amortization	10,716,056.	3,097,564.	7,617,486.	1,006.			
23	Insurance	699,458.	222.	699,236.				
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.)							
	CONTENT ACQUISITION	18,028,464.	17,952,538.	75,926.				
	CORPORATE SPONSORSHIP	8,896,900.			8,896,900.			
_	EMPLOYEE DEVELOPMENT	1,380,067.	821,210.	523,121.	35,736.			
_	SATELLITE EQUIPMENT	268,631.	268,624.	7.	1 000 -00			
	All other expenses	-1,107,148.	1,731,933.	-1,741,581.	-1,097,500.			
	Total functional expenses. Add lines 1 through 24e	202,919,356.	163,288,901.	25,881,442.	13,749,013.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							
	10110WITING SOT 30-2 (ASC 300-720)	l O						

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Form 990 (2014)

Part X Ba Page **11**

Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X									
		235K ii Collegaio C Collaino a responde di			(A)	· · ·	(B)			
					Beginning of year		End of year			
	1	Cash - non-interest-bearing			324,347.	1	320,943.			
	2	Savings and temporary cash investments			10,189,317.	2	10,336,780.			
	3	Pledges and grants receivable, net			12,676,185.	3	8,716,380.			
	4	Accounts receivable, net		[18,228,507.	4	25,172,948.			
	5	Loans and other receivables from current and	forme	r officers, directors,						
		trustees, key employees, and highest co	omper	nsated employees.						
		Complete Part II of Schedule L			0	5	0			
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	defined under section						
		and sponsoring organizations of section 501(c)(9) volu								
Ø		organizations (see instructions). Complete Part II of Sche	edule L		0		0			
Assets	7	Notes and loans receivable, net	0	7	0					
As	8	Inventories for sale or use			1,106,734.		1,384,840.			
	9	Prepaid expenses and deferred charges			5,718,812.	9	2,121,282.			
	10 a	Land, buildings, and equipment: cost or		000 000						
			10a		021 120 012		005 456 010			
		Less: accumulated depreciation			231,132,213.		225,476,010.			
	11	Investments - publicly traded securities			65,640,296.	11	60,995,071.			
	12	Investments - other securities. See Part IV, line 11			7,647,156.	12	7,638,509.			
	13	Investments - program-related. See Part IV, line 11	2,168,161.	13	2,013,187.					
	14 15	Intangible assets Other assets See Part IV line 11	0	14 15	0					
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal	354,831,728.	16	344,175,950.					
_	17	Accounts payable and accrued expenses	IIIIE 3	4)	30,200,590.	17	24,648,601.			
	18	Grants payable			0	18	0			
	19	Deferred revenue			11,984,967.		20,839,094.			
	20	Tax-exempt bond liabilities			171,701,547.	20	168,669,952.			
Ś	21	Escrow or custodial account liability. Complete Pa	art IV c	of Schedule D	0		0			
Liabilities	22	Loans and other payables to current and for	-							
abi		trustees, key employees, highest compen								
=		disqualified persons. Complete Part II of Schedule	L		0	22	0			
	23	Secured mortgages and notes payable to unrelate	ed thire	d parties	730,360.	23	492,784.			
	24	Unsecured notes and loans payable to unrelated	third p	arties	0	24	0			
	25	Other liabilities (including federal income tax,								
		parties, and other liabilities not included on lines								
		of Schedule D				25	2,000,000.			
_	26	Total liabilities. Add lines 17 through 25			214,617,464.	26	216,650,431.			
Ş		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there 🕨 🗓 and						
uce	27	Unrestricted net assets			120,306,757.	27	114,331,969.			
Sala	28	Temporarily restricted net assets			19,907,507.	28	13,193,550.			
Þ	29	Permanently restricted net assets			0		0			
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958)								
ō		complete lines 30 through 34.								
Net Assets or	30	Capital stock or trust principal, or current funds				30				
Ass	31	Paid-in or capital surplus, or land, building, or equ				31				
et	32	Retained earnings, endowment, accumulated inco	ome, o	or other tunds	140 014 064	32	107 505 510			
Z	33	Total net assets or fund balances			140,214,264.	33	127,525,519.			
_	34	Total liabilities and net assets/fund balances			354,831,728.	34	344,175,950.			

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.96,5		000.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	202,9	19,3	356.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-6,3	88,3	356.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,214,264.				
5	Net unrealized gains (losses) on investments	5		-6,675,904.			
6	6 Donated services and use of facilities						
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3	75,5	515.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33 column (R))	40	1	.27,5	25 5	10	
Part	33, column (B))	10		27,5	20,0	<u>, , , , , , , , , , , , , , , , , , , </u>	
. α. ι	Check if Schedule O contains a response or note to any line in this Part XII						
	The state of the s				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olair	n in				
	Schedule O.	•					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	lor				
	reviewed on a separate basis, consolidated basis, or both:	•					
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit						
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vers	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent according		-	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, ex	xplaiı	n in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lits.		3b			
				Form	990	(2014)	
	PUBLIC						

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

IAN	CION	NAL PUBLIC RADIO, II	1C.				52	-0907625
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	complete	e this pa	art.) See instructions	i.
	_	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E.))			
3		A hospital or a cooperative				n 170(b)	(1)(A)(iii).	
4		A medical research organiz	-	=				(iii). Enter the
		hospital's name, city, and st	•	•	•		. , , , ,	
5		An organization operated		a college or universit	tv owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C		3	,	•	, ,	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170((b)(1)(A)(v).	
7	Х	An organization that norma	_			-		om the general public
-		described in section 170(b)	-	•		3-		J P
8		A community trust describe		•	Part II)			
9		An organization that norma	-		-		contributions memb	ership fees, and gros
·		receipts from activities rela						•
		support from gross invest		· · · · · · · · · · · · · · · · · · ·				
		acquired by the organizatio						tax, nom baomocoo
10		An organization organized					·	
11		An organization organized	•					rry out the numoses o
•		one or more publicly suppo		-				
		the box in lines 11a through	=			-		
а		Type I. A supporting orga					•	-
а		the supported organization	•		-		• , ,	
		organization. You must c			siect a iii	iajority o	i the directors of trus	tees of the supporting
b		Type II. A supporting org	-		nnoction	with ito	supported organizati	on(c) by baying
D			-					
		control or management of organization(s). You must			ine sam	e persor	is that control or man	lage the supported
_		¬ -			atad in a	onnoctio	n with and functions	lly intograted with
С	_	Type III functionally integrated arganization						ily ilitegrated with,
		its supported organization						tad arganization(a)
d		☐ Type III non-functionally	-		-			
		that is not functionally inte	-		-		•	a an allenliveness
_		requirement (see instruct		-				II Tuno III
е	_	Check this box if the orga						ii, Type iii
f	Ent	functionally integrated, or ter the number of supported				organizai	uon.	
		ovide the following information	•					
9		ame of supported organization	(ii) EIN		(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	arrie or supported organization	(11) = 111	(described on lines 1-9		ur governing	support (see	other support (see
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
				(See instructions))	Yes	No		
						- 110		
(A)								
(B)								
(C)								
(D)								
						+		
(E)								

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,366,799.	77,721,718.	82,688,714.	81,542,198.	80,146,318.	389,465,747.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3	67,366,799.	77,721,718.	82,688,714.	81,542,198.	80,146,318.	389,465,747.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				R	4		
•	shown on line 11, column (f)						1,856,076.	
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support						387,609,671.	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	67,366,799.	77,721,718.	82,688,714.	81,542,198.	80,146,318.	389,465,747.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,087,304.	3,995,916.	3,976,541.	3,644,721.	3,792,916.	19,497,398.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0		0	0	0	0_	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	336,547.	405,987.	364,298.	635,887.	633,068.	2,375,787.	
11	Total support. Add lines 7 through 10					10	411,338,932.	
12	Gross receipts from related activities, etc. (s					12	481,978,583.	
13	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)	
14	Public support percentage for 2014 (li		_	11 column (f))		14	94.23%	
15	Public support percentage from 2013		-			15	94.08%	
-	331/3% support test - 2014. If the co					<u> </u>		
	this box and stop here . The organizati	-						
b	331/3% support test - 2013. If the o							
	check this box and stop here . The org	-						
17a	10%-facts-and-circumstances test - 2	-						
	10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test, ch	eck this box ar	nd stop here. E	xplain in	
	Part VI how the organization meets to organization			=	· ·		upported ▶ □	
b	10%-facts-and-circumstances test - 2						and line	
	15 is 10% or more, and if the orga							
	Explain in Part VI how the organization supported organization.				_	-		
18	Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see		

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.)

	tion A. Buldio Commont			•	•	<u>′</u>	
	tion A. Public Support	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(a) 2014	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid					4	
	to or expended on its behalf					1	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				() `		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons	<u> </u>					
Ŋ	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						
	Add lines 7a and 7b.		-				
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(=) 2010	(b) 2011	(=) 2012	(4) 2012	(=) 2014	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	the energiant:	ale finet	thind formation	fifth to:	0.000#== 501	(a)(2)
14	First five years. If the Form 990 is for	-			-		
800	organization, check this box and stop here attion C. Computation of Public Sup						
<u>3ec</u> 15	Public support percentage for 2014 (line 8)			mn (f))		15	0/_
	Public support percentage from 2013 Sche					15	<u>%</u> %
16 Sec	tion D. Computation of Investmen			<u></u>		16	-/0
	Investment income percentage for 2014 (lin			13 column (f\)		17	%
17 18						17	% %
18	Investment income percentage from 2013					18	
ıya	331/3% support tests - 2014. If the org	-					
L	17 is not more than 331/3%, check th	-		•			
D	331/3% support tests - 2013. If the orgaline 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization		•	•			
∠∪	a.a roundation. II the organization	ara mot officer	a box on mic	, .ou, or 190	, officer tills bu	and see mist	40000

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

organization was described in section 509(a)(1) or (2).

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
) V			
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)	10b		
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
Occin	on o. Type ii oupporting organizations		Yes	No
_			163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Casti	on D. All Type III Supporting Organizations	1		
Secu	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
-	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously	_		
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions).		
2	Activities Test Answer (a) and (b) helew		Yes	No
	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify			
	those supported organization(s) to which the organization was responsive: If res, then in rat vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	ization	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must com			
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	4	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		(71) Her real	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	~ <u> </u>	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	-integr	ated Type III supporting	organization (see
instructions).			, ,

Schedule A (Form 990 or 990-EZ) 2014

Part		Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b			3	
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	, ()		
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	*		
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. 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 INCOM	E				
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
GARAGE REVENUE	324,557.	341,387.	358,360.	361,453.	334,070.	1,719,827.
SPACE LICENSE FEES				225,999.	160,830.	386,829.
OTHER REVENUE	11,990.	64,600.	5,938.	48,435.	138,168.	269,131.
TOTALS =	336,547.	405,987.	364,298.	635,887.	633,068.	2,375,787.
	SB1.C	NSP 1				

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

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Employer identification number Name of the organization NATIONAL PUBLIC RADIO, INC. 52-0907625 Organization type (check one): Filers of: Section: Х 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

▶ \$ ______ Caution. An organization that 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 its

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization NATIONAL PUBLIC RADIO, INC.

Employer identification number 52-0907625

Contributors (see instructions). Use duplicate copies of Fart Fill additional space is neede	Part I	Contributors ((see instructions).	Use duplicate copies of Part I if ad	ditional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 _		\$25,050,234.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
2 _		\$2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3 _		\$3,350,307.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$2,609,150.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$3,428,038.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6 _		\$2,102,943.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NATIONAL PUBLIC RADIO, INC.

Employer identification number 52-0907625

Part I	Contributors (see instruct	ions). Use duplicate	copies of Part I if a	dditional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7 _		\$1,938,548.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
8 _		\$1,900,667.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9 _		\$1,854,207.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 10 _		\$1,650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

te copies	Jse dupl	ructions).	(see inst	Property	Noncash	art II
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		* \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of organization NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the

C	ollowing line entry. For organizations contributions of \$1,000 or less for the Jse duplicate copies of Part III if addit	e year. (Enter this informatio	ne total of <i>exclusively</i> religious, charitable, e on once. See instructions.) ►\$			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
) No.						
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	.0	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
art I						
		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

ı ax)	(see separate instructions), then	1			
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
	CIONAL PUBLIC RADIO,			52-09	
Pai	rt I-A Complete if the o	rganization is exempt under	section 501(c) or i	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV.	
2	Political expenditures			 ▶\$	
3					
Par	t I-B Complete if the o	rganization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5. ▶\$	
2	Enter the amount of any exc	ise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes." describe in Part IV.				
Par	t I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3	5).
1	Enter the amount directly e	xpended by the filing organization	n for section 527 ex	xempt function	
2	Enter the amount of the filir	ng organization's funds contributed	l to other organizati	ons for section	
_		es			
3		enditures. Add lines 1 and 2. En			
•	line 17b			> \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiz	ations to which the filing
		s. For each organization listed, en			
		ributions received that were prom			
	as a separate segregated fur	nd or a political action committee (F	PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and
				Turius. Il fiorie, eriter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(- ,					
(2)					
(-)					
(3)					
(0)					
(4)					
(-)					
(5)					
(-)					
(6)					
(-)					

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

Schedule C (Form 990 or 990-EZ) 2014

SCITE	Edule C (Follii 990 ol 990-EZ) 2014 1174 I	.OIMH FUDII	.C NADIO, INC.		JZ 0	20/023 Fage 2					
Pa	rt II-A Complete if the organiz section 501(h)).				•						
Α	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).										
В	Check ▶ if the filing organization checked box A and "limited control" provisions apply.										
	Limits on Lo	bbying Expend	ditures		(a) Filing	(b) Affiliated					
	(The term "expenditures"	organization's totals	group totals								
1a	Total lobbying expenditures to influer	nce public opini	on (grass roots lobb	ying)							
	Total lobbying expenditures to influer		:								
	Total lobbying expenditures (add line	_									
	Other exempt purpose expenditures										
	Total exempt purpose expenditures (add lines 1c and 1d)										
	columns.										
		e amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:									
	Not over \$500,000		amount on line 1e.	<u>. </u>	4						
	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500,000							
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess								
	Over \$1,500,000 but not over \$1,300,000		us 5% of the excess of								
	Over \$17,000,000	\$1,000,000		<u>νει ψ1,300,000.</u>							
	Grassroots nontaxable amount (ente				-()						
_	•			//-							
	h Subtract line 1g from line 1a. If zero or less, enter -0-										
	Subtract line 1f from line 1c. If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720										
J						□ Vaa □ Na					
	reporting section 4911 tax for this ye		aging Period Unde	Soction F01/h)		Yes No					
	(Same arganizations that made					uno holour					
	(Some organizations that made					ins below.					
	3	ee the separat	te instructions for I	ines za through	21.)						
		abbying Evper	nditures During 4-Ye	or Avereging De	riad						
	L	bobying Exper	laitures During 4-16	ar Averaging Pe	riou						
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column (e))										
С	Total lobbying expenditures										
	Grassroots nontaxable amount										
е	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

Schedule C (Form 990 or 990-EZ) 2014

34

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ filed	d For	m 5768	3	
Eor	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		1)	(b)		
	cription of the lobbying activity.	Yes	No		Amount	
1	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:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?	Х			541	.,070
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			070
j	Total. Add lines 1c through 1i		37		541	.,070
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	_	X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(~\/F\		aatian		
га	501(c)(6).	(0)(5)	, or s	ection		
	301(G)(d).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			[1	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501				-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"		-			3
	answered "Yes."	•	,	•	ŕ	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ints o	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyin	ıg			
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	TIV Supplemental Information		11 - 4) . D t I	. A . I'	4 1
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a grou	ıp iist); Part I	I-A, IInes	1 and
2 (50	te instructions), and Fart II-b, line 1. Also, complete this part for any additional information.					
CEI	P DACE A					
SEI	E PAGE 4					

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY: FORM 990, SCHEDULE C, PART II-B, LINE 1 NNPR PROVIDES REPRESENTATION FOR THE PUBLIC RADIO SYSTEM, PUBLIC RADIO STATIONS, AND ITSELF WITH LEGISLATIVE AND REGULATORY ENTITIES IN WASHINGTON DC. IN FULFILLING THIS ROLE, NPR STAFF MET WITH MEMBERS OF CONGRESS AND THEIR STAFFS, COMMISSIONERS AND STAFF AT THE FEDERAL COMMUNICATIONS COMMISSION (FCC), AND OTHER FEDERAL POLICY MAKING DEPARTMENTS DURING THE YEAR. NPR'S CONTACT WITH THESE PARTIES RELATED TO ISSUES CONCERNING, BUT NOT LIMITED TO, APPROPRIATIONS FOR PUBLIC BROADCASTING PROVIDED BY CONGRESS THROUGH FUNDING FOR THE CORPORATION FOR PUBLIC BROADCASTING; H.R. 1819/S.2647, EMERGENCY INFORMATION IMPROVEMENT ACT OF 2013; NATIONAL PUBLIC ALERTING, WARNING AND DISASTER RELIEF LEGISLATION; H.R. 1471, FEMA DISASTER ASSISTANCE REFORM ACT OF 2015; H.R. 3300, FEMA REAUTHORIZATION ACT OF 2013; H.R. 4903/\$. 2534, DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT OF 2015; H.R. 1733 FAIR PLAY FAIR PAY ACT OF 2015; CONGRESSIONAL HEARINGS ON REFORM OF EXISTING COPYRIGHT LAW; S. 2665, THE EMERGENCY INFORMATION IMPROVEMENT ACT OF 2014; PROCEEDINGS AT THE FCC THAT INVOLVED NET NEUTRALITY, MEDIA OWNERSHIP, AND OTHER MATTERS INVOLVING THE USE OF RADIO SPECTRUM FOR BROADCASTING. NPR ENGAGED A PROFESSIONAL SERVICES FIRM TO ASSIST WITH ITS REPRESENTATION ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements ► 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	-	
NAT	IONAL PUBLIC RADIO, INC.	52-0907625
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 i	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 fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
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.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ated 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, inspect	ion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen	its during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, 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	al statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	_
	(i) Revenue 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 a	.
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included in Form 990, Part VIII, line 1	· · · · · · · · • \$
b	Assets included in Form 990, Part X	> 5

Schedule D (Form 990) 2014 Page **2**

Par	t III 🔍	Organizations Maintainir	ng Collections of	Art, H	istorical ⁻	Treasures	, or Otl	ner Similar Ass	ets (co	ntinue	ed)
•	University	(la		- 41			h - 6-11	da a Alaska ana a ata	'C' t		
3	_	the organization's acquisitio		other red	coras, cnea	k any of t	ne follow	ing that are a sig	Inificant	use o	of its
		ion items (check all that appl	iy):								
a	_	Public exhibition		d		or exchang					
b		Scholarly research	rationa	е	Other						
C		Preservation for future gener e a description of the organ		and ov	nlain how	thoy furth	or the or	aanization's ovom	ot nurno	co in	Dort
4	XIII.	a description of the organ	iizations collections	allu ex	piaiii iiow	they fultile	er the or	yanızanon's exem	pt purpo	156 111	ган
5		the year, did the organization	on solicit or receive (donation	s of art his	torical trea	sures or	other similar			
5	_	to be sold to raise funds rath							Yes		No
Par		Escrow and Custodial Ar									
		or reported an amount or							,	,	,
		•	•	<u>, </u>							
1a	Is the c	organization an agent, truste	e, custodian or othe	er interm	ediary for	contribution	ns or othe	r assets not			
	include	d on Form 990, Part X?							Yes	; <u> </u>	No
b	If "Yes,	," explain the arrangement in	n Part XIII and comp	plete the	following ta	ble:					
								Amount			
		ing balance					С				
d		ns during the year					d				
е		utions during the year					е				
f		balance									1
		organization include an am						•	Yes	` _	No
		," explain the arrangement in									
Par	t V	Endowment Funds. Com						·			h a alı
1 2	Reginn	ing of year balance	(a) Current year 303, 180, 394.		Prior year	(c) Two ye		(d) Three years back 227,138,760.	_		
		outions	664.		251,388.		0,000.	227,130,700.	435,	422,	076.
		restment earnings, gains,	001.	-	231,300.	1,50	0,000.				
·		ses	2,034,494.	35 (989,774.	31.04	6,911.	27,954,425.	2	488	358.
d		or scholarships	2,031,131.	33 /	,03,77711	31,01	0,711.	27733171231		100,	
		expenditures for facilities	C								
		ograms	15,059,002.	10,5	567,484.	-1,24	7,967.	9,767,843.	10,	110,	984.
f		strative expenses	960,830.		551,822.		7,406.		_		690.
g		year balance	289,195,720.						227,		
2		e the estimated percentage	of the current year e	nd balar	nce (line 1g	, column (a)) held as	:			
а	Board	designated or quasi-endowm	ent4101	_ %							
b	Permai	nent endowment ▶ _ 26.4	650 %	_							
С		rarily restricted endowment									
		rcentages in lines 2a, 2b, a									
3a		ere endowment funds not in	the possession of th	ne organ	ization that	are held a	ınd admir	nistered for the			
	•	zation by:							- m	Yes	No
									3a(i)		X_
									3a(ii)		
_		" to 3a(ii), are the related or be in Part XIII the intended ເ	_	-					3b	X	
4											
Par	t VI (L and, Buildings, and Equ i Complete if the organiza	tion answered "Ye	s" to Fo	rm 990, F	art IV, line	e 11a. Se	ee Form 990, Pa	rt X, line	e 10.	
		Description of property	(a) Cost or	other basis	(b) Cost	or other basis	(c) Acc	cumulated	(d) Book v		
1a	Land			tment)		other) 753,066		eciation	55 7	53,0	166
b	Building					579,066.		71,565.	134,2		
C		nold improvements				041,703		28,184.		13,5	
d	Equipm				_	513,573		14,601.	28,6		
	Other				_	749,792		46,840.		02,9	
		nes 1a through 1e. (Column		n 990, Pa					225,4		

Schedule D (Form 990) 2014 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990.	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(<u>E</u>)			
(F)			
(G)			
(H)			4
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.	"\/aa" ta Farma 000	Dort IV line 44a Coa Farre 000 Dort V line 42
	·		, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			N
(4)			
(5)			
(6)			
(7)			
(8)		. ()	
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	· · · · · · · · · · · · · · · · · · ·	scription	(b) Book value
(1)	(5) 20		(2) 2001 12.00
(2)			
(3)			
(4)	10		
(5)			
(6)			
(7)			
(8)			
(9)	0		
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	
Part X	Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie
	ral income taxes		
	OF CREDIT	2,000,	000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	2,000,0	000.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities 2b	
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	rn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
_	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
Provid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	ut V line 1: Dart Y line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
SEE	PAGE 5	
	PAGE 3	

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS: FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWNMENT FUNDS THAT SUPPORT NPR ARE HELD AND ADMINISTERED BY A

RELATED ORGANIZATION, NPR FOUNDATION (FOUNDATION). THE ENDOWMENT CONSISTS

OF FIFTY-TWO FUNDS ESTABLISHED BY DONORS FOR A VARIETY OF PURPOSES (E.G.,

NPR'S GENERAL MISSION AND OPERATIONS, NPR'S JOURNALISTIC EXCELLENCE,

NPR'S DIGITAL INNOVATIONS/NEW TECHNOLOGIES, NPR'S CULTURAL JOURNALISM,

JAZZ JOURNALISM AND PROGRAMMING, AND SCIENCE JOURNALISM, AND THE

OPERATIONS OF NPR'S FACILITIES).

SUBSEQUENT TO THE ISSUANCE OF THE 2014 CONSOLIDATED FINANCIAL STATEMENTS AND AS A RESULT OF A ROUTINE REVIEW OF ITS RECORDS, NPR DETERMINED THAT CERTAIN DONOR GIFTS AND GRANTS EITHER MADE TO OR STEWARDED BY THE FOUNDATION (SOME OF WHICH DATED AS FAR BACK AS THE EARLY 1990S) WERE SUBJECT TO A CLASSIFICATION MISSTATEMENT, BEING REPORTED AS UNRESTRICTED INSTEAD OF PERMANENTLY RESTRICTED. CORRECTING THE CLASSIFICATION MISSTATEMENT RESULTED IN THE RECLASSIFICATION OF SEPTEMBER 30, 2013 NET ASSETS, INCLUDING TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED NET ASSETS RELATED TO THE FOUNDATION'S ENDOWMENT.

FIN 48 DISCLOSURE: FORM 990, SCHEDULE D, PART X, LINE 2

NPR IS EXEMPT FROM FEDERAL INCOME TAXES TO THE EXTENT PROVIDED IN SECTION 501(C)(3) OF THE CODE. NPR IS LIABLE FOR INCOME TAX ON UNRELATED BUSINESS ACTIVITIES AS DESCRIBED IN SECTION 512 OF THE CODE. ANY POTENTIAL TAX LIABILITY RESULTING FROM THE ACTIVITIES OF NPR WILL BE OFFSET BY EXISTING NET OPERATING LOSS (NOL) CARRY-FORWARDS, SO NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN 2015. AS OF SEPTEMBER 30, 2015, NPR HAD AVAILABLE FEDERAL NOL CARRY-FORWARDS TOTALING \$14,663,240. THE LATEST NOL

Part XIII Supplemental Information (continued)

CARRY-FORWARDS WILL EXPIRE IN FISCAL YEAR 2034. BECAUSE THE REALIZATION OF THE NOL CARRY-FORWARDS IS UNCERTAIN, NPR HAS NOT RECORDED A DEFERRED TAX ASSET AS OF SEPTEMBER 30, 2015

THE NPR FOUNDATION (FOUNDATION) IS EXEMPT FROM FEDERAL INCOME TAXES TO THE EXTENT PROVIDED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (CODE). THE FOUNDATION IS LIABLE FOR INCOME TAX ON UNRELATED BUSINESS ACTIVITIES AS DESCRIBED IN SECTION 512 OF THE CODE ANY POTENTIAL TAX LIABILITY RESULTING FROM THE ACTIVITIES OF THE FOUNDATION WILL BE OFFSET BY EXISTING NET OPERATING LOSS (NOL) CARRY-FORWARDS, SO NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN 2015. AS OF SEPTEMBER 30, 2015, THE FOUNDATION HAD AVAILABLE FEDERAL NOL CARRY-FORWARDS TOTALING \$808,611. THE LATEST NOL CARRY-FORWARD WILL EXPIRE IN FISCAL YEAR 2034. BECAUSE THE REALIZATION OF THE NOL CARRY-FORWARDS IS UNCERTAIN, THE FOUNDATION HAS NOT RECORDED A DEFERRED TAX ASSET AS OF SEPTEMBER 30, 2015.

NATIONAL PUBLIC MEDIA, LLC (NPM), A RELATED ORGANIZATION, IS TREATED AS A PARTNERSHIP FOR FEDERAL INCOME TAX PURPOSES. ACCORDINGLY, NPR AND THE OTHER MEMBER ORGANIZATIONS IS SEPARATELY ARE REQUIRED TO REPORT THEIR SHARES OF INCOME OR LOSS IN THEIR RESPECTIVE INCOME TAX RETURNS. EACH MEMBER OF NPM IS, THEREFORE, SEPARATELY LIABLE FOR ANY RELATED TAXES THEREON. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAX HAS BEEN MADE. NPM IS LIABLE FOR INCOME TAXES IN CERTAIN STATE AND LOCAL JURISDICTIONS WHERE NPM OPERATES. FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, NPM ACCRUED STATE AND LOCAL INCOME TAXES TOTALING \$9,800 WHICH IS INCLUDED IN "ACCOUNTS PAYABLE AND OTHER ACCRUED LIABILITIES" IN THE CONSOLIDATED

Part XIII Supplemental Information (continued)

STATEMENTS OF FINANCIAL POSITION.

NPR MEDIA BERLIN GGMBH (NPR MEDIA BERLIN), A RELATED ORGANIZATION, IS
REGISTERED AS A NONPROFIT LIMITED LIABILITY COMPANY UNDER GERMAN LAW
(DENOTED BY "GGMBH"). AS SUCH, NPR MEDIA BERLIN IS EXEMPT FROM CORPORATE
INCOME AND TRADE TAXES ON ALL OPERATIONS EXCEPT THOSE THAT DO NOT SERVE
THE NONPROFIT PURPOSE OF THE ENTITY (I.E., UNRELATED BUSINESS
ACTIVITIES). BECAUSE RETURNS ARE FILED ONE YEAR IN ARREARS, THE NOL
CARRY-FORWARD FOR NPR MEDIA BERLIN TOTALED \$834,886 AS OF SEPTEMBER 30,
2015. BECAUSE THE REALIZATION OF THE NOL CARRY-FORWARD IS UNCERTAIN, NPR
MEDIA BERLIN HAS NOT RECORDED A DEFERRED TAX ASSET AS OF SEPTEMBER 30,
2015.

MANAGEMENT BELIEVES THAT NPR, THE FOUNDATION, AND NPM ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. TAXING AUTHORITIES FOR FISCAL YEARS PRIOR TO FISCAL YEAR 2012.

THERE WERE NO MATERIAL INTEREST OR PENALTIES RECORDED IN FISCAL YEAR 2015.

THE EFFECTS OF A TAX POSITION CANNOT BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS UNLESS IT IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS AS OF THE REPORTING DATE. THE MORE-LIKELY-THAN-NOT THRESHOLD REPRESENTS A POSITIVE ASSERTION BY MANAGEMENT THAT NPR IS ENTITLED TO THE ECONOMIC BENEFITS OF A TAX POSITION. IF A TAX POSITION IS NOT CONSIDERED MORE-LIKELY-THAN-NOT TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS, NO BENEFITS OF THE

Supplemental Information (continued) Part XIII

POSITION ARE TO BE RECOGNIZED. MOREOVER, THE MORE-LIKELY-THAN-NOT THRESHOLD MUST CONTINUE TO BE MET IN EACH REPORTING PERIOD TO SUPPORT CONTINUED RECOGNITION OF A BENEFIT. AS OF SEPTEMBER 30, 2015, THERE WERE NO UNCERTAIN TAX POSITIONS FOR WHICH A LIABILITY SHOULD BE RECORDED.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 52-0907625 NATIONAL PUBLIC RADIO, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total a program service, describe specific type of region (by type) (e.g., offices in the émployees, expenditures for fundraising, program services, region agents, and and investments independent investments. service(s) in region in region grants to recipients contractors in region located in the region) (1) EAST ASIA AND THE PACIFIC PROGRAM SERVICES NEWS AND INFORMATION 1,013,716. (2) EUROPE 4 PROGRAM SERVICES NEWS AND INFORMATION 1,254,462. (3) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES 1,008,163. NEWS AND INFORMATION (4) NORTH AMERICA PROGRAM SERVICES NEWS AND INFORMATION 365,604. (5) RUSSIA/INDEPENDENT STATES PROGRAM SERVICES NEWS AND INFORMATION 404,750. (6) SOUTH AMERICA 788,224. PROGRAM SERVICES NEWS AND INFORMATION (7) SOUTH ASIA 2 PROGRAM SERVICES NEWS AND INFORMATION 610,863. (8) SUB-SAHARAN AFRICA PROGRAM SERVICES NEWS AND INFORMATION 278,605. (9) (10)(11)(12) (13)(14)(15)(16)(17)3a 17. 17. 5,724,387. Total from continuation

17

sheets to Part I Totals (add lines 3a and 3b)

5,724,387

Schedule F (Form 990) 2014

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)
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2)						1			
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16)									
		nt organizations listed above						-	

Schedule F (Form 990) 2014 Page **3**

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (g) Description of non-cash (h) Method of valuation (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of non-cash cash cash grant disbursement (book, FMV. recipients assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

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Schedule F (Form 990) 2014 Page 4

Part	V 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)	Ye	es X 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; do not file with Form 990)	Ye	es X 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)	X Ye	es 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)	Ye	es X 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)	Ye	es X 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; do not file with Form 990)	X Ye	
	PUBLIC		Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

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).

ACCOUNTING METHOD: FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN F

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

ACCOUNTING.

PUBLICIASPECTION

Schedule F (Form 990) 2014

SCHEDULE I (Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

NATIONAL PUBLIC RADIO, INC.						52-0907625	
Part I General Information on Grants and	d Assistance	9				·	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistanc	e?	·				X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	omestic Org hat received	ganizations ar more than \$5,	nd Domestic Gov ,000. Part II can b	vernments. Com be duplicated if a	plete if the organiz dditional space is r	ration answered "Yeneeded.	es" to Form 990,
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)	_			ΛO,			
(2)			(
(3)							
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(6)							
(7)		(0					
(8)	0						
(9)							
(10)							
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(12)							
Enter total number of section 501(c)(3) anEnter total number of other organizations I	d government isted in the lir	l t organizations l ne 1 table	listed in the line 1 t	able			

4E1288 1.000

Schedule I (Form 990) (2014)

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 FELLOWSHIPS	7.	104,463.			
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6				4	
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURES FOR MONITORING: FORM 990, SCHEDILE 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. BECAUSE NPR STAFF

DIRECTLY SUPERVISE THE FELLOWS, NO ADDITIONAL MONITORING IS DEEMED

NECESSARY.

Schedule I (Form 990) (2014)

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
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_ 6				4	
7) `	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FELLOWSHIPS: FORM 990, SCHEDULE I, PART III

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

Schedule I (Form 990) (2014)

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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHOOL FOR ONE YEAR OR LESS. CANDIDATES MUST SUBMIT A RESUME, THREE REFERENCES, AND A COVER LETTER EXPLAINING WHY HE/SHE SHOULD BE SELECTED BY THE KROC FELLOWSHIP COMMITTEE.

THE STONE & HOLT WEEKS FELLOWSHIP WAS ESTABLISHED TO HONOR THE LIVES OF STONE & HOLT WEEKS, SONS OF NPR CORRESPONDENT LINTON WEEKS. FOLLOWING THEIR TRAGIC DEATHS BY A HIGHWAY TRUCKING CRASH IN 2009, NPR AND THE WASHINGTON POST JOINED FORCES TO CREATE AN UNIQUE OPPORTUNITY FOR YOUNG JOURNALISTS IN WASHINGTON. NPR RECEIVES APPROXIMATELY 100 APPLICATIONS EACH YEAR AND ONE FELLOW IS SELECTED TO WORK AT THE WASHINGTON POST FOR

Schedule I (Form 990) (2014)

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
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THREE MONTHS AND AT NPR FOR FOUR MONTHS. THIS FELLOWSHIP INCLUDES A STIPEND OF APPROXIMATELY \$800/WEEK PLUS BENEFITS. FELLOWS RECEIVE RIGOROUS, HANDS-ON-TRAINING IN EVERY ASPECT OF PUBLIC RADIO JOURNALISM (WRITING, REPORTING, PRODUCING, AND EDITING) FOR BOTH RADIO AND WEB. FELLOWS WORK AT NPR HEADQUARTERS IN WASHINGTON, DC DURING THEIR NPR ROTATION. ELIGIBLE CANDIDATES MUST BE RECENT GRADUATES AND HAVE A HISTORY OF PUBLIC SERVICE. CANDIDATES MUST SUBMIT A RESUME, TWO REFERENCES, AND A COVER LETTER EXPLAINING WHY THEY SHOULD BE SELECTED BY THE STONE & HOLT WEEKS FELLOWSHIP COMMITTEE.

Schedule I (Form 990) (2014)

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					
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Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

NOTE: THE STONE AND HOLT WEEKS FELLOWSHIP WAS AWARDED FIVE TIMES BETWEEN

2009 AND 2014. AFTER THIS RETURN, THE FELLOWSHIP WILL NO LONGER BE

AWARDED AS MR. LINTON WEEKS AND HIS WIFE, MS. JAN TAYLOR WEEKS, DECIDED

TO END THE FELLOWSHIP.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NATIONAL PUBLIC RADIO, INC. 52-0907625 Part I Questions Regarding Compensation

			Yes	No
1a				
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
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, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:		3.7	
a	Receive a severance payment or change-of-control payment?	4a	X	37
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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), 501(c)(4), and 501(c)(29) 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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	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		

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 Page **2**

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
MOHN, JARL	(i)	229,969.	(0	C	5,072.	235,041.	0
1 PRESIDENT & CEO	(ii)	0	(0	C	0	C	0
BRAND, ZACHARY J.	(i)	214,680.	10,000.	26.	14,484.	19,324.	258,514.	0
2 VP, NPR DIGITAL MEDIA	(ii)	0	(0		0	C	0
CARRASCO, EMMA J.	(i)	291,292.	54,000.	24.	C	13,547.	358,863.	0
3 CMO & SR.VP AUDIENCE DEVELOPM.	(ii)	0	(0	C	0	C	0
COWAN, DEBORAH A.	(i)	238,990.	(8.	15,651.	9,462.	264,111.	0
4 CFO & TREASURER	(ii)	0	(0	C	0	C	0
GARRISON, STANLEY M.	(i)	257,394.	(26.	16,900.	17,931.	292,251.	0
5 VP, TECH OPS&BROADCAST ENGING	(ii)	0	(0	C	0	C	0
HANSON, MONIQUE H.	(i)	282,961.	27,000.	40.	3,459.	12,975.	326,435.	0
6 CHIEF DEVELOPMENT OFFICER	(ii)	0	(0	C	0	C	0
HART, JONATHAN	(i)	142,324.	50,000.	0	C	5,559.	197,883.	0
7 CLO, GC, SECRETARY	(ii)	0	(0	C	0	C	0
HOOLEY, GEMMA	(i)	186,673.		13.	12,304.	7,923.	206,913.	0
8 VP, MEMBER PARTNERSHIP	(ii)	0		0	C	0	C	0
KEMPF, ROBERT P.	(i)	237,600.	8,000.	0	15,351.	2,257.	263,208.	0
9 VP, NPR DIGITAL SERVICES	(ii)	0		0	C	0	C	0
LANG, ELISABETH G.	(i)	166,109.		26.	11,475.	17,365.	194,975.	0
10 ^{ASSISTANT} TREASURER	(ii)	O		0	C	0	C	0
LUMBARD, SARAH E.	(i)	168,159.	13,000.	15,180.	11,235.	7,218.	214,792.	0
11 VP, CONTENT STRATEGY AND OPS	(ii)	0		0	C	0	C	0
MACDONALD, JOYCE	(i)	207,801.	50,000.	30,151.	14,179.	13,141.	315,272.	0
12 ^{COS} AND VP, MEMBER PARTNERSHIP	(ii)	0	(0	C	0	C	0
MAYOR, LOREN A.	(i)	249,305.	35,000.	32.	C	22,221.	306,558.	0
13 ^{COO, SR. VICE PRESIDENT}	(ii)	0	(0	C	0	C	0
NUZUM, ERIC D.	(i)	166,407.	(32.	11,981.	15,381.	193,801.	0
14 ^{VP, PROGRAMMING}	(ii)	0	(0	C	0	C	0
RIKSEN, MICHAEL R.	(i)	233,105.	(20.	15,642.	17,857.	266,624.	0
15 ^{VP, POLICY & REPRESENTATION}	(ii)	0	(0	C	0	C	0
SHANAHAN, MICHELLE M.	(i)	176,921.	10,000.	0	11,517.	3,798.	202,236.	0
16 ^{ASSISTANT} SECRETARY	(ii)	0	(0	C	0	C	0

Schedule J (Form 990) 2014 Page **2**

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.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
TURPIN, CHRISTOPHER	(i)	203,474.	(26.	13,816.	21,117.	238,433.	0
1 VP, NEWS PROGR., & OPERATIONS	(ii)	0	(0	0	C	0
WILSON, KINSEY	(i)	356,490.	147,825.	36,105.	16,900.	13,255.	570,575.	0
2 CHIEF CONTENT OFFICER, EVP	(ii)	0	() (0	C	0
WOODS, KEITH M.	(i)	216,589.	6,000.		13,986.	1,380.	237,955.	0
3 VP, DIVERSITY IN NEWS & OPS	(ii)	0	() (0	0	C	0
INSKEEP, STEVEN A.	(i)	381,029.	(419.	18,200.	14,103.	413,751.	0
4 SR. HOST, MORNING EDITION	(ii)	0	(0	0	C	0
MONTAGNE, RENEE	(i)	393,702.	(408.	18,200.	8,561.	420,871.	0
5 SR. HOST, MORNING EDITION CA	(ii)	0	(0	0	C	0
SAGAL, PETER	(i)	300,325.	62,000.	419.	18,200.	14,241.	395,185.	0
6 HOST, WWDTM	(ii)	0	(0	0	C	0
SIEGEL, ROBERT	(i)	391,862.	(387.	18,200.	5,455.	415,904.	0
7 SR. HOST ATC	(ii)	0		(0	0	C	0
SIMON, SCOTT	(i)	368,460.	30,000.	419.	18,200.	16,377.	433,456.	0
8 SR. HOST WE	(ii)	0			0	0	C	0
LOEWENSTEIN, PETER J.	(i)	7,630.		211,283.	499.	324.	219,736.	0
9 VP, DISTRIBUTION, TO 12/29/13	(ii)	0			0	0	C	0
MINATRA, TERRI J,	(i)	83,754.		224,460.	5,086.	5,039.	318,339.	0
_10 ^{VP} , GC, ASST.SECR. TO 3/31/14	(ii)	O	(0	0	C	0
SLOCUM, JOYCE	(i)	0	(330,158.	0	0	330,158.	0
11 CAO, SECRETARY, TO 12/6/13	(ii)	Ó	(0	0	C	0
LOW, MARGARET	(i)	175,601.	C	34,705.	11,649.	12,962.	234,917.	0
12 ^{SVP} , NEWS, TO 8/1/14	(ii)	0	(0	0	C	0
STARLING, MICHAEL I.	(i)	14,241.	(181,801.	921.	181.	197,144.	0
_13 ^{VP, EXEC. DIR., TO 1/11/14}	(ii)	0	(0	0	C	0
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							adula I (Form 000) 2014

Schedule J (Form 990) 2014

Part | 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 (UNDER A VOLUNTARY BUYOUT

PROGRAM) PAYMENTS DURING CALENDAR YEAR 2014:

LOEWENSTEIN, PETER J \$191,971

MINATRA, TERRI J \$190,051

SLOCUM, JOYCE \$306,250

STARLING, MICHAEL I \$171,662

THE AMOUNTS PAID WERE PROPERLY REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	TIONAL PUBLIC RADIO, INC.									5	2-09	0762	25		_
Pa	rt I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Is:	sue price	(f) De	escription of pu	rpose	(g) De	feased	(h) beha	On alf of uer	(i) Poo	oled cing
										Yes	No	Yes		Yes	No
A D	DISTRICT OF COLUMBIA	53-6001131	2548396V0	04/07/2010	165	.835.493.	NPR HEADOUA	RTERS PROJE	:T	X			х		х
	2211101 01 00201211	33 0001131	251057040	01, 07, 2010	100	700071001		CIDIO IIIODE	<u> </u>						
В	DISTRICT OF COLUMBIA	53-6001131	25483VNX8	05/02/2013	88	,716,473.	PARTIAL REF	UNDING OF 2	010 BOND		x		х		x
С															
						1/2									
D															
Pa	rt II Proceeds														
						Α		В	C	;			D		
1	Amount of bonds retired														
2	Amount of bonds legally defeased			/	88,7	16,473.									
3	Total proceeds of issue				167,2	80,331.	88,7	16,473.							
4	Gross proceeds in reserve funds			(.).Y.											
5	Capitalized interest from proceeds		6		13,1	64,951.									
6	Proceeds in refunding escrows)			2,8	47,576.							
7	Issuance costs from proceeds														
8	Credit enhancement from proceeds														
	Working capital expenditures from proceeds .														
	Capital expenditures from proceeds				154,1	15,380.									
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion				201	3									
					Yes	No	Yes	No	Yes	No		Yes	3	No)
	Were the bonds issued as part of a current refu					X		X							
15	Were the bonds issued as part of an advance re	efunding issue?				X	X								
16	Has the final allocation of proceeds been made?	?			X		X								
17	Does the organization maintain adequate														
	final allocation of proceeds?				Х		X								
Pa	rt III Private Business Use														
						A		В	C	;			D		
1	Was the organization a partner in a partner	ship, or a membe	r of an LLC) ,	Yes	No	Yes	No	Yes	No		Yes		No	
	which owned property financed by tax-exempt	bonds?	<u>.</u>			Х		Х							
2	Are there any lease arrangements that ma	ay result in priva	te business	use of											
	bond-financed property?				X		Х	1							

Schedule K (Form 990) 2014

Par	t III Private Business Use (Continued)	DISTRIC	T OF C	OLUM	MBIA					
			Α			В		С		D
3a	Are there any management or service contracts that may result in priva		N	10	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?	X			X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outsi	de								
	counsel to review any management or service contracts relating to the financed property?	X			X					
С	Are there any research agreements that may result in private business use					4				
	bond-financed property?			X		X				
d	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?									
4	Enter the percentage of financed property used in a private business use by entiti									
	other than a section 501(c)(3) organization or a state or local government		2.676	9 %	2	.6769 %	1	%		%
5	Enter the percentage of financed property used in a private business use as				1					
	result of unrelated trade or business activity carried on by your organization		0 100	0 0/	,	1000 0/		0/		0/
	another section 501(c)(3) organization, or a state or local government		8.129 10.805			.1290 %		% %		<u>%</u>
	Total of lines 4 and 5			9 % X	10		1	%		70
7	Does the bond issue meet the private security or payment test?		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X.		X				+
8a	Has there been a sale or disposition of any of the bond-financed property to a non-	12		X		X				
	governmental person other than a 501(c)(3) organization since the bonds were issued	1 .		Λ		Λ				
D	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	()		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations			/0		70	1	/6		70
C	sections 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all									1
	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2? • • • • • • • • • • • • • • • • • • •	x			X					
Par						1				
			Α			В		С		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction a	nd Yes	N	lo	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		2	X		Х				
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?				X					
b	Exception to rebate?									
C	No rebate due?									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation w									
	performed					1				
	Is the bond issue a variable rate issue?			X		X				
4a	Has the organization or the governmental issuer entered into a qualifi									
	hedge with respect to the bond issue?			X		X				
	Name of provider									
	Term of hedge					T				
	Was the hedge superintegrated?									
е	Was the hedge terminated?		1							

Schedule K (Form 990) 2014

Part IV Arbitrage (Continued)								
		A		В		С	[)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		X				
7 Has the organization established written procedures to monitor the			4	4				
	X		X					
requirements of section 148? Part V Procedures To Undertake Corrective Action								
		A		 В		С)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the)					
Has 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?	Х		Х					
Part VI Supplemental Information. Provide additional information for responses to		s on Sche	1	e instruct	ions)			
Tappellional information in revide additional information for responses to	quodio	o on oone	<i>y</i> aa.o .	30 111011 401	.01.07.			
	-11							
)							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

TOTAL PROCEEDS OF ISSUE: SCHEDULE K, PART II, LINE 3, COLUMN A

THE DIFFERENCE BETWEEN TOTAL PROCEEDS OF ISSUE AND ISSUE PRICE IS

INVESTMENT EARNINGS (EQUALS \$1,444,838).

SCHEDULE K, PART III, LINES 6(A) AND 6(B)

NPR IS CLOSELY MONITORING THE PRIVATE USE OF ITS BOND-FINANCED FACILITY.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number 52-0907625

CHANGES TO GOVERNING DOCUMENTS: FORM 990, PART VI, LINE 4

EEFFECTIVE JANUARY 30, 2015, NPR AMENDED ITS BYLAWS TO PERMIT ELECTRONIC

BALLOTING WHERE MAIL BALLOTS ARE AUTHORIZED AND TO CLARIFY, AS CONSISTENT

WITH DISTRICT OF COLUMBIA LAW, THAT IN ORDER TO DECIDE A MATTER BY MAIL

OR ELECTRONIC BALLOT, AT LEAST A MAJORITY OF THE NPR AUTHORIZED STATION

REPRESENTATIVES MUST CAST A VOTE ON THE MATTER.

MEMBERS OF THE ORGANIZATION: FORM 990, PART VI, LINE 6
ENTITIES INDEPENDENTLY LICENSING AND OPERATING PUBLIC RADIO STATIONS
BECOME NPR MEMBERS BY MEETING CERTAIN REQUIREMENTS AND PAYING DUES TO
NPR; IN EXCHANGE, MEMBERS MAY VOTE TO ELECT CERTAIN REPRESENTATIVES TO
THE NPR BOARD OF DIRECTORS AND THE MEMBERS WILL BENEFIT FROM BROADCAST
AND DIGITAL RIGHTS NEGOTIATED ON THEIR BEHALF, AS WELL AS SERVICES
EXTENDED ONLY TO MEMBERS.

ELECTION OF MEMBERS: FORM 990, PART VI, LINES 7A AND 7B

OF THE 17 SEATS ON THE NPR BOARD OF DIRECTORS (BOARD), 10 SHALL BE

ELECTED FROM THE AUTHORIZED STATION REPRESENTATIVES. AS A BENEFIT OF

MEMBERSHIP, EACH MEMBER STATION MAY DESIGNATE, IN WRITING, ONE STATION

REPRESENTATIVE (AUTHORIZED STATION REPRESENTATIVES) WHO MAY PARTICIPATE

AND VOTE TO ELECT MEMBER DIRECTORS OF THE BOARD. EACH AUTHORIZED STATION

REPRESENTATIVE SHALL VOTE AND ACT FOR THE MEMBER STATION IN ALL MATTERS

ON WHICH MEMBER STATIONS' VOTE AFFECTS NPR. CERTAIN AMENDMENTS TO THE NPR

BYLAWS MUST BE APPROVED BY THE MEMBERSHIP.

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number
52-0907625

FORM 990 REVIEW PROCESS: FORM 990, PART VI, LINE 11B

THE RETURN IS PREPARED AND REVIEWED BY NPR'S FINANCE DEPARTMENT. IT IS

ALSO REVIEWED BY NPR'S GENERAL COUNSEL'S OFFICE, KEY MEMBERS OF NPR'S

LEADERSHIP, AND BY AN INDEPENDENT ACCOUNTING FIRM. THE FINAL VERSION IS

MADE AVAILABLE TO ALL NPR DIRECTORS PRIOR TO FILING WITH THE IRS.

CONFLICTS OF INTEREST: FORM 990, PART VI, LINE 12C NPR REGULARLY MONITORS AND SURVEYS DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST. NPR'S GENERAL COUNSEL IS AUTHORIZED TO SEEK INFORMATION FROM DIRECTORS, OFFICERS, AND KEY EMPLOYEES AS TO CONFLICTS OF INTEREST, NONPUBLIC CORPORATE INFORMATION, AND GRATUITIES AS HE OR SHE DEEMS APPROPRIATE, INCLUDING PERIODIC DISCLOSURE OF INFORMATION ABOUT THE INTERESTS 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 ANOTHER 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 SHALL AS SOON AS POSSIBLE THEREAFTER INFORM THE OTHER DIRECTORS AND NPR'S 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

Name of the organization Employer identification number

NATIONAL PUBLIC RADIO, INC. 52-0907625

NPR'S GENERAL COUNSEL REGARDING THE PROPRIETY OF THE DIRECTOR'S

INVOLVEMENT. AFTER CONSULTING WITH NPR'S 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. CONFLICTS OF INTEREST INVOLVING OFFICERS AND KEY EMPLOYEES

OTHER THAN DIRECTORS ARE ADDRESSED IN A SIMILAR MANNER.

DETERMINING COMPENSATION: FORM 990, PART VI, LINE 15

NPR 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 NONPROFIT AND MEDIA ORGANIZATIONS, PREPARED BY

COMPENSATION CONSULTANTS, AT THE TIME OF EMPLOYEE HIRING OR WHEN SPECIAL

COMPENSATION ADJUSTMENTS ARE AWARDED. NPR SETS COMPENSATION WITHIN THE

RANGE OF THE GOING MARKET RATE. NO INDIVIDUAL HAVING A CONFLICT OF

INTEREST UNDER NPR'S CONFLICT OF INTEREST POLICY IS PERMITTED TO

PARTICIPATE IN THE COMPENSATION REVIEW OR DECISION MAKING PROCESS. NPR

MAINTAINS ALL RECORDS REGARDING COMPENSATION DECISIONS.

JOINT VENTURE POLICY: FORM 990, PART VI, LINE 16B

NPR CONTINUES TO CONSIDER ITS OPTIONS REGARDING A JOINT VENTURE POLICY.

IN THE MEANTIME, KEY NPR DEPARTMENTS INVOLVED IN THE DECISION MAKING

PROCESS FOR NEW JOINT VENTURES HAVE BEEN EDUCATED AND FULLY UNDERSTAND

THE REQUIREMENTS NECESSARY OF AN EXEMPT ORGANIZATION TO SAFEGUARD ITS

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number
52-0907625

EXEMPTION STATUS WHILE PARTICIPATING IN ANY BUSINESS RELATIONSHIPS.

AVAILABILITY OF GOVERNING DOCUMENTS: FORM 990, PART VI, LINE 19

AUDITED FINANCIAL STATEMENTS AND FORMS 990 AND 990-T FOR FISCAL YEARS

2015, 2014, AND 2013 ARE POSTED AND AVAILABLE FOR DOWNLOAD ON WWW.NPR.ORG

<hr/>

OTHER CHANGES IN NET ASSETS: FORM 990, PART XI, LINE 9
NPM REVENUE, ADJ TO TAX BASIS \$375,515

ATTACHMENT 1

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

NPR WORKS 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. TO
ACCOMPLISH THIS 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 MUTUAL INTEREST; AND NPR PROVIDES SATELLITE AND INTERNET
INTERCONNECTION FOR THE ENTIRE PUBLIC RADIO SYSTEM.

ATTACHMENT 2

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

NEWS AND INFORMATION, PROGRAMMING, AND ENGINEERING - NPR IS AN INTERNATIONALLY RECOGNIZED PRODUCER AND DISTRIBUTOR OF NEWS,

Name of the organization NATIONAL PUBLIC RADIO, INC.

Employer identification number 52-0907625

ATTACHMENT 2 (CONT'D)

DIGITAL MEDIA, PROGRAMMING, AND AN INDUSTRY LEADER IN SOUND GATHERING AND AUDIO PRODUCTION. DURING THIS FISCAL YEAR, NPR'S PROGRAMMING REACHED A WEEKLY AUDIENCE OF OVER 26 MILLION PEOPLE. ALL OF PUBLIC RADIO COVERS 95% OF THE U.S. POPULATION AND REACHES OVER 33 MILLION LISTENERS WEEKLY. NPR PRODUCES AND/OR DISTRIBUTES 26 NEWS, TALK, MUSIC AND ENTERTAINMENT BROADCAST PROGRAMS, AND NINE PODCAST PROGRAMS (APPROXIMATELY 2.6 MILLION AVERAGE UNIQUE WEEKLY USERS OF NPR-PRODUCED PODCAST PROGRAMS). ADDITIONALLY, NPR PROGRAMMING IS HEARD ON SATELLITE RADIO, HD RADIO, ITUNES RADIO ON MEMBER STATION WEB STREAMS, AND INTERNATIONALLY. NPR ALSO BROADCASTS ITS PROGRAMMING TO THE U.S. MILITARY AND THEIR FAMILIES THROUGH THE ARMED FORCES RADIO NETWORK AND OTHER INTERNATIONAL SERVICES. SOME PROGRAMS PRODUCED AND/OR DISTRIBUTED BY NPR INCLUDE: MORNING EDITION, ALL THINGS CONSIDERED, WEEKEND EDITION, FRESH AIR, THE TED RADIO HOUR, ASK ME ANOTHER, THE DIANE REHM SHOW, THE BEST OF CAR TALK, WAIT WAIT...DON'T TELL ME!, HERE & NOW, INVISIBILIA, AND NPR NEWSCASTS 24 HOURS A DAY.

NPR'S 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. MONTHLY, APPROXIMATELY 31

MILLION UNIQUE VISITORS ACCESS NPR'S DIGITAL PLATFORMS. CONTENT

INCLUDES REAL-TIME NEWS REPORTS, LIVE STREAMS, AND ON-DEMAND

DOWNLOADS OF NPR AND MEMBER STATION AUDIO, ARCHIVAL AUDIO SPANNING

MORE THAN A DECADE, ORIGINAL FEATURE STORIES, ADDITIONAL

ATTACHMENT 2 (CONT'D)

Page 2

INFORMATION AND INSIGHT INTO REPORTS AIRING ON NPR PROGRAMS,

COMMENTARY, AND CONTENT EXCLUSIVE TO THE INTERNET. SOME OF THE

DIVISION'S PROJECTS THIS YEAR INCLUDED EXPANDING THE CONTENT

OFFERINGS IN NPR ONE (A PERSONALIZED AUDIO PLAYER THAT LAUNCHED IN

JULY 2014); A DEVELOPER PLATFORM TO EXTEND NPR ONE INTO CONNECTED

CARS, TVS, AND OTHER DEVICES; AND SEVERAL INITIATIVES DESIGNED TO

HELP STATIONS CONNECT WITH THE PUBLIC RADIO AUDIENCE OVER THESE

EMERGING DIGITAL PLATFORMS.

NPR'S DIGITAL SERVICES DIVISION WORKS WITH PUBLIC BROADCAST

STATIONS TO GROW AND ENGAGE AUDIENCES ACROSS PLATFORMS BY

PROVIDING CONTENT, TECHNOLOGY, AND BUSINESS SUPPORT, WHICH ALLOWS

STATIONS TO FOCUS ON MISSION-DERIVED LOCAL CONTENT, BRAND

POSITIONING, AND REVENUE DEVELOPMENT. SOME OF THE DIVISION'S

PROJECTS THIS YEAR INCLUDED UPGRADING AND OPTIMIZING ITS PLEDGE

AND EMAIL PRODUCTS FOR THE MOBILE EXPERIENCE, CONNECTING ITS

PUBLISHING PRODUCT TO THE PUBLIC MEDIA PLATFORM, AND BUILDING OUT

TOOLS TO SUPPORT AND ENHANCE STATION COLLABORATION WITH NPR'S

DIGITAL MEDIA DIVISION.

ATTACHMENT 3

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

NPR'S DISTRIBUTION DIVISION (DISTRIBUTION) OPERATES AND MANAGES

THE PUBLIC RADIO SATELLITE SYSTEM (PRSS). PRSS IS A COMBINED

SATELLITE AND INTERNET CONTENT DISTRIBUTION SERVICE FOR PUBLIC

Employer identification number 52-0907625

ATTACHMENT 3 (CONT'D)

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 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 PRSS.

ATTACHMENT 4

NON-COMMERCIAL BROADCAST ORGANIZATIONS OPERATING 920 RADIO
STATIONS. WHEN NON-MEMBER PUBLIC RADIO STATIONS LICENSING NPR
PROGRAMS ARE INCLUDED, A GRAND TOTAL OF 1,059 PUBLIC RADIO
STATIONS AIRED NPR PROGRAMMING. MEMBERS INCLUDE LONG ESTABLISHED,
HIGHLY REGARDED EDUCATIONAL INSTITUTIONS, INCLUDING MANY TOP
PUBLIC AND PRIVATE COLLEGES AND UNIVERSITIES, AS WELL AS THE
LARGEST, MOST INFLUENTIAL STATION-BASED PUBLIC MEDIA ORGANIZATIONS

IN THE U.S. NPR'S FINANCIAL AND ORGANIZATIONAL STRENGTH DERIVES IN

SIGNIFICANT MEASURE FROM THE STRENGTH OF ITS MEMBERS AND THE NPR

MEMBERSHIP AS A WHOLE. NPR SERVES AND COLLABORATES WITH MEMBER

STATIONS IN NEWSGATHERING AND REPORTING, PROGRAM DEVELOPMENT,

FUNDRAISING, RADIO DISTRIBUTION, DIGITAL INITIATIVES, DEVELOPMENT

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

ON SEPTEMBER 30, 2015, NPR'S MEMBERSHIP CONSISTED OF 264

Name of the organization Employer identification number NATIONAL PUBLIC RADIO, INC. 52-0907625

ATTACHMENT 4 (CONT'D)

OF TRADITIONAL AND NEW REVENUE STREAMS, AND REPRESENTATION ON ISSUES.

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

EXPENSES REVENUE DESCRIPTION GRANTS CONSUMER PRODUCTS 0 970,387. 117,004. 970,387. 117,004. TOTALS

ATTACHMENT 6

ASP FOIL FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

GERMANY

RUSSIA

ATTACHMENT 7

FORM 990, PART VI, LINE 17

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

GA, IL, KS, KY, ME, MD, MA, MI

MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 8

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

WHYY INC ACQUIRED PROGRAMS 3,602,119.

150 NORTH SIXTH STREET

Schedule O (Form 990 or 990-EZ) 2014

Name of the organization Employer identification number NATIONAL PUBLIC RADIO, INC. 52-0907625 ATTACHMENT 8 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTOR	990.	PART VII-	COMPENSATION	OF TH	AVIA 3	HIGHEST	PATD	TND.	CONTRACTOR
--	------	-----------	--------------	-------	--------	---------	------	------	------------

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PHILADELPHIA, PA 19106		
TAPPET BROTHERS LLC 5 JOHN F. KENNEDY STREET, STE 304 CAMBRIDGE, MA 02138	ACQUIRED PROGRAMS	2,570,000.
DTZ, INC. 275 GROVE STREET, SUITE 3-200 AUBURNDALE, MA 02466	JANITORIAL SERVICES	1,465,962.
WBUR-FM / WRNI 890 COMMONWEALTH AVENUE BOSTON, MA 02215	ACQUIRED PROGRAMS	1,328,270.
ADMIRAL SECURITY SERVICES P.O. BOX 79776 BALTIMORE, MD 21279	SECURITY SERVICES	1,111,281.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization	Employer identification numbe
NATIONAL PUBLIC RADIO, INC.	52-0907625

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)		()			
(3)		A			
(4)					
(5)					
(6)	7,0				

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

(a) Name, address, and EIN of relate	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(a) (512(b)(13) (rolled (ity?
							Yes	No
(1) NPR FOUNDATION	52-1795789)						
1111 NORTH CAPITOL STREET, NE	WASHINGTON, DC 20002	GENERAL SUPPT	DC	501(C)(3)	509(A)(3)	NPR, INC.	X	
(2) NPR MEDIA BERLIN GGMBH	98-0687520							
KURFURSTENDAMM 32 10719	BERLIN, GM	PROGR DISTRIB	GM	N/A	N/A	NPR, INC.	X	
(3)								
_(4)	- X							
(5)	*							
(6)								

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

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) NTNL PUBLIC MEDIA 26-1156765 156 W 56TH ST., NY, NY 10019	MEDIA UNDERWRITIN	NY	NPR, INC.	RELATED	9,693,875.	9,302,271.		X	-530,489.			72.0000
(2)					-(7						
(3)					G							
(4)					4							
(5)					0,							
(6)												
(7)				4/								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?
							Yes No
<u>(1)</u>	$\overline{\mathcal{Q}}$						
(2)	<u> </u>						
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х	
		1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s).	1f		Х
a		1g		Х
		1h		Х
i	Exchange of assets with related organization(s)	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1j	\Box	X
•	(//////////////////////////////////////			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m		1m		Х
		1n	Х	
		10	X	
·				
n	Reimbursement paid to related organization(s) for expenses	1n	x	_
	Reimbursement paid by related organization(s) for expenses			
٩	The initial content para by rotated organization (c) for expenses 1111111111111111111111111111111111	- 4		
r	Other transfer of cash or property to related organization(s)	1r	х	
•	Other transfer of cash or property from related organization(s).	1s		X
	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 thres		 S.	

	if the answer to any of the above is Tes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
<u>(1)</u>	NATIONAL PUBLIC MEDIA	A	181,965.	FMV				
(2)	NPR FOUNDATION	С	25,050,234.	FMV				
<u>(3)</u>	NATIONAL PUBLIC MEDIA	N	1,279,321.	FMV				
<u>(4)</u>	NPR FOUNDATION	0	77,486.	FMV				
<u>(5)</u>	NATIONAL PUBLIC MEDIA	Р	8,896,899.	FMV				
<u>(6)</u>	NPR MEDIA BERLIN GGMBH	P	181,433.	FMV				

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_	Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Part	s II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			la	
	b Gift, grant, or capital contribution to related organization(s)			lb	
С	c Gift, grant, or capital contribution from related organization(s)		1	Ic	
d	d Loans or loan guarantees to or for related organization(s)			ld	
e	e Loans or loan guarantees by related organization(s)		1	le	
_					
f	f Dividends from related organization(s)			1f	
	g Sale of assets to related organization(s).			lg	
	h Purchase of assets from related organization(s).			lh	
	i. Evolution of assets with related organization(s)		· · · · · -	1i	
:	i Exchange of assets with related organization(s)		· · · · · -	_	
J	j Lease of facilities, equipment, or other assets to related organization(s)			1j	
l,	k Lease of facilities, equipment, or other assets from related organization(s)			lk	
ı.				11	
I	Performance of services or membership or fundraising solicitations for related organization(s)				
III	m Performance of services or membership or fundraising solicitations by related organization(s).		· · · · · ¦	m	
11	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		· · · · · /	ln l	
0	o Sharing of paid employees with related organization(s)		💾	lo	
	Delivebours around a citate and the description (c) for a suppose				
	p Reimbursement paid to related organization(s) for expenses			р	
q	q Reimbursement paid by related organization(s) for expenses		💾	lq	
_	The strengton of each or green only to related expension(a)			4	
r	r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)		· · · · ·	1r	
	s Other transfer of cash or property from related organization(s).			Is	
2		-			
	(a) (b) Name of related organization Transaction Amo	(c) ount involved	Method of	d) determi	ning
	type (a-s)		amount		
		1 000 541			
(1)	NPR FOUNDATION Q	1,238,541.	FMV		
(2)	NATIONAL PUBLIC MEDIA R	755,540.	FMV		
(3)					
(4)					
(5)					
(6)					

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Part V

Schedule R (Form 990) 2014

Yes No

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

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Part VII Supplemental Information

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

