

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

Inter	nal Rev	venue Service Information about Form 990 and its instructions	is at www.irs.gov	/form990.		Inspection
AF	or t	he 2015 calendar year, or tax year beginning 10/01, 2015	, and ending		09/3	30 , 20 16
B	hook if	C Name of organization		D Employer ide	ntification	number
_	_	NPR FOUNDATION		52-179	5789	
	Add	Doing business as				
-	Nam	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone no		
	-	al return 1111 NORTH CAPITOL STREET, NE City or town state or province country, and 7IP or foreign postal code		(202) 51	.3 - 200	0
-	term	ninated ninated				
	retu	MADITINGTON, DC 20002		G Gross receipt H(a) Is this a gro		137,709,158
	pend	F Name and address of principal officer: HOWARD WOLLNER SAME AS C ABOVE		subordinate	s?	
1	Tay-e	Xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	H(b) Are all subor		e instructions)
		site: \triangleright WWW.NPR.ORG	01 527	H(c) Group exen		
_		of organization: X Corporation Trust Association Other	I Year of form:	ation: 1992 M		
Sec. 1997	art I		E roar or form	ation: 1992 W	Otate of te	gai domicile.
	1	Briefly describe the organization's mission or most significant activities: THE NE	PR FOUNDATION	ON SOLICIT	'S,	
e e		ENCOURAGES, RECEIVES, HOLDS, AND MANAGES CHARITAE			~~	
Jano		FOR THE EXCLUSIVE BENEFIT OF NATIONAL PUBLIC RADI				
Governance	2	Check this box ▶ if the organization discontinued its operations or dispose	ed of more than 25°	% of its net asset	.s.	
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			3	42.
ගු	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	41.
/itie	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	0.
Activities &	6	Total number of volunteers (estimate if necessary)			6	41.
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	42,796.
-	b	Net unrelated business taxable income from Form 990-T, line 34			7b	-160,928.
				Prior Year		Current Year
ine	8	Contributions and grants (Part VIII, line 1h)		8,866,94		4,402,980.
Revenue	9	Program service revenue (Part VIII, line 2g)		00 160 53	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,169,73		12,743,152.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,048,65		0. 17,146,132.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,050,23		19,224,058.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		23,030,23	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1	0.	0.
d)		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
xbe		Total fundraising expenses (Part IX, column (D), line 25)				
ωÛ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,345,27	4.	1,353,051.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,395,50	8.	20,577,109.
	19	Revenue less expenses. Subtract line 18 from line 12		4,653,15	1.	-3,430,977.
Net Assets or Fund Balances			Begin	nning of Current	'ear	End of Year
set	20	Total assets (Part X, line 16)		317,770,58	9. 3	22,366,298.
at As	21	Total liabilities (Part X, line 26)		4,158,49		3,297,782.
	22	Net assets or fund balances. Subtract line 21 from line 20		313,612,09	5. 3	19,068,516.
Par		Signature Block	 			
true,	er per corre	nalties of perjury, I declare that I have examined this return, including accompanying schedul oct, and complete. Declaration of preparer (other than officer) is based on all information of whic	les and statements, ch preparer has any k	and to the best of nowledge.	my knowl	ledge and belief, it is
	1	Deborah a Cowas		0	-11-	-17
Sign	1	Signature of officer		Date	11-	17
Here		DEBORAH A. COWAN TREASUR	DED	Buto		
		Type or print name and title	LEK			
-		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	
Paid		ELIZABETH W HELLER , CPA ECOLUMEDOL	8/11/2017	self-employe	"	00397829
Prepa		Firm's name TATE & TRYON		Firm's EIN ▶ 5		
Use (Unly	Firm's address ▶2021 L ST NW WASHINGTON, DC 20036			022932	
May 1	the IF	RS discuss this return with the preparer shown above? (see instructions)			X	
For P	aper	work Reduction Act Notice, see the separate instructions.				Form 990 (2015)



NPR FOUNDATION
1111 N CAPITOL ST NE
WASHINGTON DC 20002-7502

Notice	CP211A			
Tax period	September 30, 2016			
Notice date	December 19, 2016			
Employer ID number	52-1795789			
To contact us	Phone 1-877-829-5500			
WWW.W. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	FAX 801-620-5555			

Page 1 of 1



125907

Important information about your September 30, 2016 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, 2016 Form 990. Your new due date is May 15, 2017.

What you need to do

File your September 30, 2016 Form 990 by May 15, 2017. 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.

■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part I and check this box ▶ Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. ■ If you are filing for an Automatic 3-Month Extension, complete only Part I (or page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see Instructions. Employer identification number (EIN) or Print	Form 8	868 (Rev. 1-2014)				Page 2			
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). **Part II** Name of exempt organization or other filer, see instructions. Type or print File by the due date for 1 Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Name of exempt organization organization or other filer, see instructions. Name of exempt organization organization or other filer, see instructions. Name of exempt organization organiza			onth Exten	sion, complete only Part I	and check this box	> X			
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II	-								
Type or print Name of exempt organization or other filer, see instructions. NPR FOUNDATION NPR FOUNDATION NPR FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. City town or post office, state, and ZIP code. For a foreign address, see instructions. NBSIINCTON, DC 20002 Enter the Return code for the return that this application is for (file a separate application for each return) Social security number (SNN) Application Social security number (SNN) NBSIINCTON, DC 20002 Enter the Return code for the return that this application is for (file a separate application for each return) Social security number (SNN) Porm 990 or Form 990 except the security of the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (SNN) Porm 990 or Form 990 except the security number (SNN) Social security number (Sen) Social securit	If y	ou are filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1).					
Name of exempt organization or other filer, see instructions.	Part	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the orig	inal (no copies needed).				
Type or print NPR FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) 1111 NORTH CAPITOL STREET, NE City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002 Enter the Return code for the return that this application is for (file a separate application for each return) Social security number (SSN) 1111 NORTH CAPITOL STREET, NE City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002 Enter the Return code for the return that this application is for (file a separate application for each return) Social security number (SSN) 1111 NORTH CAPITOL STREET, NE City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002 Enter the Return code for the return that this application is for (file a separate application for each return) Social security number (SSN) 1111 NORTH CAPITOL STREET, NE City, town or post office, state, and ZIP code. Return Application is Form 990-EZ O1 Form 990 or Form 990-EZ O1 Form 4720 (other than individual) O2 Form 4720 (other than individual) O3 Form 4720 (other than individual) O4 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6870 112 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ National Public Radio, Inc. 1111 North Capitol St, NE, Washingt Telephone No. ▶ 202-513-2000 Fax No. ▶ 202-513-304 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for the whole group, check this box				E					
Print NPR FOUNDATION Social security number (SSN)		Name of exempt organization or other filer, see in	nstructions.		Employer identification number	(EIN) or			
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)	Type	or							
File by the dust date for illing year. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Instructions. MASH INGTON, DC 2002 Enter the Return code for the return that this application is for (file a separate application for each return)	print								
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Irequest an additional 3-month extension of time until August 15 , 20 17 .	Tel	ephone No. 202-513-2000 ne organization does not have an office or place of his is for a Group Return, enter the organization's for	business ir	Fax No. ► 202-513 In the United States, check the cup Exemption Number (GE	-3044 his box	f this is			
4 I request an additional 3-month extension of time until August 15 , 20 17. 5 For calendar year, or other tax year beginning October 1 , 20 15 , and ending September 30, 20 16 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period 7 State in detail why you need the extension Additional time is needed to acquire all of the information needed to complete and file an accurate return. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.				. (1					
For calendar year, or other tax year beginningOctober 1, 20 _ 15, and endingSeptember 30, 20 _ 16 If the tax year entered in line 5 is for less than 12 months, check reason:				rust 15	. 20 17 .				
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nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.									
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estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.									
estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	b	If this application is for Forms 990-PF, 990-T	, 4720, c	or 6069, enter any refur	ndable credits and				
amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8b \$ (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.									
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(Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.									
Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.				•	i i				
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.				st be completed for F					
	Under knowl	penalties of perjury, I declare that I have examined	this form, ir	ncluding accompanying sche		the best of my			
Signature ► Melborah a Cown Title ► Treasurer Date ► 3-2-1=	Signati	ire > Deborah a Cown	Company of the Compan	Title ▶ Treasurer	Date ▶ 3	-2-17			

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Form 990 (2015)
Page 2

Pä	Check if Schedule O contains a response or no			Х
1		ste te uny mie m une r urc m		21
-	ATTACHMENT 1			
2	Did the organization undertake any significant progran	services during the year which	were not listed on the	
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make s	ignificant changes in how it co		
	services?		Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomp			
	expenses. Section 501(c)(3) and 501(c)(4) organization		mount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program	n service reported.		
4a	(Code:) (Expenses \$19,224,058. inclu		_) (Revenue \$)
	THE FOUNDATION CONTRIBUTES TO NPR FOR			
	OPERATIONS AS WELL AS FOUNDATION BOARD	-APPROVED DISTRIBUTIONS	S FROM	
	THE FOUNDATION ENDOWMENT.			
	(Code:) (Expenses \$ inclu	ding grants of \$) (Revenue \$	`
75	/(code:)(Expenses #minut	ding grains or ψ		,
)		
4с	(Code:) (Expenses \$inclu	ding grants of \$	_) (Revenue \$)
<i>1</i> ~ <i>1</i>	Other program corviese (Describe in Schedule O.)			
4 a	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Payanua ¢	,	
46	(Expenses \$ including grants of \$) (Revenue \$	J	

4e Total program service expenses ► 19,224

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5E1020 1.000

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Part IV **Checklist of Required Schedules** Yes No 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 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 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," Χ 8 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 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," 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 Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Χ Χ 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 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 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 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ

Form 990 (2015) Page 4

Part IV Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. Χ If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II........ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 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 Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a 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 Χ 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? Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Χ 26 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........... Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . Χ 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV. and Part V. line 1 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 35a 35 a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 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.

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	Enter the number of Forms W-20 included in line 1a. Enter-0- in not applicable.	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
2.0	reportable gaming (gambling) winnings to prize winners?	-10		
Za	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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	6a		Х
L	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua_		21
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	Enter the amount of reserves on hand	1.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Λ
	in 165, has it lied at offit 720 to report these payments: If two, provide all explanation in schedule O	. 70		

Form 990 (2015) NPR FOUNDATION 52-1795789 Page **6**

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 1a	.2		
	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 1b	:1		
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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			3.5
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Coa	e.) Yes	No
		10a	103	X
10a	Did the organization have local chapters, branches, or affiliates?	IUa		77
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1 Tu		
b	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	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	X	
С	rise to conflicts?			
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires and 990-T (Secti	n 501(c)(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 its	terest	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 reco NPR, INC. DEBORAH A. COWAN, 1111 NORTH CAPITOL ST, NE WASHINGTON, DC 20002 202-513-2000	ds:▶		

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

Check if Schedule O contains a response or note to any line in this Part VII...........

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

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

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

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

- 1	- 1						
- 1	- 1	Check this box if neither the org	ani-ation nor any relate.	l araani-atian aamn	anaatad anu aurrant	officer.	director or tructor
- 1	- 1	Check this box it beliner the ord	anization not any related	i organizanon como	iensaleo anv curreni	OHICEL.	director, or musiee.

						•		,		_
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual	not ch unless er and	eck s pe	morerson	e than of is both tor/trust Highest compensated employee	an tee)	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
	1.00	Х						0.	530,646.	15,282.
(2)HOWARD WOLLNER	1.00							0.	330,010.	13,202.
CHAIRMAN	1.00	X		Х				0.	0.	0
(3)PAUL M. GINSBURG	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0
(4)JOHN P. MCGINN	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0
_(5)CAMILLA SMITH	1.00	X		Х				0.	0.	0
(6)NORRIS BISHTON, JR.	1.00									
TRUSTEE	0.	X						0.	0.	0
	1.00	Х						0.	0.	0
(8)DONALD P. DE BRIER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(9)HAROLD M. BRIERLEY	1.00									
TRUSTEE	0.	X						0.	0.	0
(10)JOHN_PDUBINSKY TRUSTEE	$\frac{1.00}{0.}$	X						0.	0.	0
(11)MARGOT P. ERNST	1.00									
TRUSTEE	0.	Х						0.	0.	0
(12)JOHN R. FARMER TRUSTEE	1.00	Х						0.	0.	0
(13)GARY J. FERNANDES TRUSTEE	1.00	Х						0.	0.	0
(14)BRENT GLEDHILL TRUSTEE	1.00	X						0.	0.	0
1709155	1 0.	_ ^						0.	<u> </u>	U_,

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NPR FOUNDATION 52-1795789

Part VII Section A. Officers, Directors, Tr	usiees, ne	:y ⊑11	ipic	ус	55,	ana i	···g	nest compensat	ed Employees (c	Oritiria	<i>u)</i>	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	rson lirect	e than of is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	com	stimated nount of other pensation the	f
	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-MISC)	org an	anizatio d related anization	d
15) HARRIETT GOLD	1.00											
TRUSTEE	0.	X						0.	0.			0
16) JAMES M. GRANT	1.00											
TRUSTEE	0.	Х						0.	0.			0
17) ANETTE L. HARRIS	1.00								7			
TRUSTEE	0.	Х						0.	0.			0
18) JOHN A. HERRMANN, JR.	1.00											
TRUSTEE	0.	Х						0.	0.			0
19) RICHARD H. HERTZBERG	1.00								/			
TRUSTEE	0.	Х						0.	0.			0
20) STEPHEN A. HOPKINS	1.00											
TRUSTEE	0.	Х						0.	0.			0
21) PATSY ISHIYAMA	1.00											
TRUSTEE	0.	Х						0.	0.			0
22) JANE FRANK KATCHER	1.00											
TRUSTEE	0.	Х			~		_	0.	0.			0
23) JEFFREY L. KENNER	1.00					1						
TRUSTEE	0.	Х						0.	0.			0
24) CHARLIE KIREKER	1.00											
TRUSTEE		X	7					0.	0.			0
25) STUART LUCAS	1.00											
TRUSTEE	0.	X						0.	0.			0
								0.	530,646.		15,2	
1b Sub-total c Total from continuation sheets to Part VII,	Section A		• •	• •	• •			0.	269,021.		27,5	
d Total (add lines 1b and 1c)								0.	799,667.		42,8	
2 Total number of individuals (including but no						e) who	o re				,	
reportable compensation from the organization	on >	0.				•						
0-V											Yes	No
3 Did the organization list any former offi	cer directo	r. or	tru	ıste	e.	kev e	emn	olovee or highes	t compensated			
employee on line 1a? If "Yes," complete Schee	dule J for su	ch ind	livid	ual						3		Х
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	50,0	00?) If	"Yes	5,"	complete Schedu		4	X	
5 Did any person listed on line 1a receive of									on or individual			
for services rendered to the organization? If "										5		Х
Section B. Independent Contractors	,											
Complete this table for your five highest cor compensation from the organization. Report												

(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 ▶ 0.

NPR FOUNDATION 52-1795789

	990 (2015) To VII Section A. Officers, Directors, True	ıstees. Ke	v En	olar	vee	es.	and I	lia	hest Compensat	ed Employees (c	Page (continued)
	(A) Name and title	(B) Average			((C) sition		5	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	rson	e than of the torius Highest compensated employee	an	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
26)	PAM MIRELS	1.00									
	TRUSTEE	0.	X						0.	0.	0 .
27)	MIRIAM MUSCAROLAS	1.00									
	TRUSTEE	0.	X						0.	0.	0 .
28)		1.00								4	
	TRUSTEE	0.	X						0.	0.	0 .
29)	GEORGE MCCORKELL PLEWS TRUSTEE	1.00	X						0.	0.	0 .
30)	RICHARD RAMPELL	1.00								/	
	TRUSTEE	0.	Х						0.	0.	0 .
31)	JOHN R. REINSBERG	1.00									
	TRUSTEE	0.	Х						0.	0.	0 .
32)	MURRAY SINCLAIRE, JR. TRUSTEE	1.00	Х						0.	0.	0 .
33)	ROSELYNE CHROMAN SWIG TRUSTEE	1.00	Х						0.	0.	0 .
34)	ANTOINE W. VAN AGTMAEL	1.00			, ()				
	TRUSTEE	0.	X						0.	0.	0 .
35)	ROGER C. LAMAY EX-OFFICIO TRUSTEE	$\frac{1.00}{1.00}$	X						0.	0.	0 .
36)	MIKE CRANE	1.00									
	EX-OFFICIO TRUSTEE	1.00	X						0.	0.	0 .
1b	Sub-total							▶			
С	Total from continuation sheets to Part VII, Se			• •	•			>			
	Total (add lines 1b and 1c)							<u> </u>	L		
2	Total number of individuals (including but not l reportable compensation from the organization		hose 0.		d al	bov	e) who	o re	eceived more than	\$100,000 of	
		<u> </u>									Yes No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of repeater than	ortab \$15	ole o 50,0	com 00?	per	nsation "Yes	n a	nd other compens	sation from the le J for such	4 X
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5 X
So	for services rendered to the organization? If "Yestion B. Independent Contractors	zs, comple	i c SCI	ieul	ile J	101	SUCII	μer	SUII		J A
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 ►

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	Average hours per eek (list any hours for Average Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	(D) Reportable compensation from the	(E) Reportab compensatio related organizati	n from	Est am c comp	(F) timated ount of other pensati	of cion			
	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-i		orga and	om the anization relate nizatio	on ed
37) JANET F. CLARK	1.00												0
TRUSTEE	1.00	X						0.		0.			0.
38) MICHAEL FLEMING TRUSTEE	0.	X						0.	4	0.			0.
39) RICHARD GREENFIELD	1.00	Λ						0.		0.			
TRUSTEE	0.	X						0.4		0.			0.
40) ELLEN HANSON	1.00							0.					
TRUSTEE	0.	Х						0.		0.			0.
41) MERIWETHER LEWIS MCCARGO HARDI	1.00												
TRUSTEE	0.	Х						0.		0.			0.
42) RONALD A. KAHN	1.00												
TRUSTEE	0.	Х						0.		0.			0.
43) DEBORAH A. COWAN	1.00												
TREASURER	39.00			Х				0.	269,	021.		27,5	532.
	L												
										-			
			\mathcal{D}	\									
1b Sub-total	16						—						
c Total from continuation sheets to Part VII, S	ection A						•						
d Total (add lines 1b and 1c)							<u> </u>	acived more than	£100 000 o	.			
2 Total number of individuals (including but not reportable compensation from the organization		0 .		u ai	DOVE	e) who) le	eceived more than	\$ 100,000 0	l			
Teportable compensation from the organization		0.	•									Yes	No
3 Did the organization list any former office	er directo	ır or	tri	ıeta	Δ	kov c	mn	Novee or highes	t compans	ıtad		103	110
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the													
organization and related organizations gre													
individual											4	Х	
5 Did any person listed on line 1a receive or								related organization	on or individ	lual			
for services rendered to the organization? If "Ye											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 add	dress							(B) Description of se	ervices	C	(C) ompens	ation	
								-			-		
	· · · · · · · · · · · · · · · · · · ·	_				_	1 -						

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 (2015) NPR FOUNDATION 52-1795789 Page **9**

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to ar	ny line in this Part \	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns					
ontribution of Other Si	f g	All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	4,402,980. 359,897.				
	h	Total. Add lines 1a-1f		4,402,980.			
Program Service Revenue			Business Code				
evel	2a					4	
e R	b						
Ş	С						
Sel	d						
am	е						
ogr	f	All other program service revenue L					
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	0.			
	3	Investment income (including dividends	s, interest,				
		and other similar amounts)		2,740,946.		42,796.	2,698,150.
	4	Income from investment of tax-exempt bond p		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses		/ ,			
	С	Rental income or (loss)	$-\infty$				
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 130,565,232.					
	b	Less: cost or other basis					
		and sales expenses 120,563,026.					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u> ▶	10,002,206.			10,002,206.
e	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
Re		of contributions reported on line 1c).					
je		See Part IV, line 18 a					
₹	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b	<u> </u>				
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold					
	ب		Business Code	0.			
	4.4						
	11a						
	b						
	C	All other revenue					
	d	Total. Add lines 11a-11d		0.			
	е 12	Total revenue. See instructions.		17,146,132.		42,796.	12,700,356.

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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 resp		e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	19,224,058.	19,224,058.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.		24	
7	Other salaries and wages	0.			
		0.		-0,	
9	Other employee benefits	0.			
10	Pavroll taxes	0.			
	Fees for services (non-employees):		19		
а	n Management	0.			
	Legal	0.			
c	Accounting	69,500.		69,500.	
C	l Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	1,028,819.		1,028,819.	
Q	Other. (If line 11g amount exceeds 10% of line 25, column	OX			
	(A) amount, list line 11g expenses on Schedule O.)	0.			
	Advertising and promotion	8,726.		8,726.	
	Office expenses	0.		0,720.	
	3,	0.			
	Royalties	31,462.		31,462.	
	Occupancy	25,449.		25,449.	
	Payments of travel or entertainment expenses	23,1131		23,1131	
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	84,930.		84,930.	
	Interest	0.			
21	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	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.)				
-	PURCHASED ADMIN SERVICES	79,671.		79,671.	
-	STATE TAXES	23,856.		23,856.	
C	MISCELLANEOUS	638.		638.	
	All other expenses	20,577,109.	10 224 050	1 252 051	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	20,5//,109.	19,224,058.	1,353,051.	
-0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Form **990** (2015)

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Part X Balance Sheet

ше	וונא	Datance Street			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	3,140,479.	2	4,234,323.
	3	Pledges and grants receivable, net	5,880,213.	3	3,573,465.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Port II of Schodule I	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	01.	_	0.
Assets	8	Inventories for sale or use		8	0.
⋖	9	Prepaid expenses and deferred charges	0.		0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	81,669,623.	11	85,240,918.
	12	Investments - other securities. See Part IV, line 11	227,080,274.	12	229,317,592.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	322,366,298.
	17	Accounts payable and accrued expenses			0.
	18	Grants payable		18	0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and	0		0
-ja		disqualified persons. Complete Part II of Schedule L		22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schodulo D	4,158,494.	25	3,297,782.
	26	of Schedule D Total liabilities. Add lines 17 through 25	4,158,494.	26	3,297,782.
-	20	Organizations that follow SFAS 117 (ASC 958), check here	1,130,131.	20	3,231,102.
es		complete lines 27 through 29, and lines 33 and 34.			
JUC BUC	27	Unrestricted net assets	19,530,129.	27	21,936,861.
3al	28	Temporarily restricted net assets	80,231,819.	28	83,264,777.
٦	29	Permanently restricted net assets	213,850,147.	29	213,866,878.
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
S	30	Capital atack or trust principal, or current funda		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or	33	Total net assets or fund balances	313,612,095.	33	319,068,516.
_	34	Total liabilities and net assets/fund balances	317,770,589.	34	322,366,298.
					Form 990 (2015)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,1	46,1	.32.
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,5	77,1	.09.
3	Revenue less expenses. Subtract line 2 from line 1	3		-3,4	30,9	77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	13,6	12,0	95.
5	5 Net unrealized gains (losses) on investments5				87,3	398.
6	Donated services and use of facilities	6				0.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	3	19,0	68,5	16.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
		l l			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," e	xplair	in in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	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 audi	ted o	n a			
	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 or					
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se					
	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 und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NPF	R FC	DUNDATION					52-	-1795789
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplete	e this pa	rt.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	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	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)				4	
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An organization that norma	ally receives: (1) m	nore than 331/3 % of	its supp	ort from	contributions, member	ership fees, and gross
		receipts from activities rela	ated to its exemp	t functions - subject	to certa	in excep	tions, and (2) no mo	re than 331/3 % of its
		support from gross invest	tment income and	d unrelated business	taxable	income	e (less section 511	tax) from businesses
		acquired by the organizatio	n after June 30, 19	975. See section 509 ((a)(2). (d	Complete	Part III.)	
10		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11	X	An organization organized	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	509(a)(1) or sect	ion 509(a)(2) . See se c	ction 509(a)(3). Check
		the box in lines 11a through	n 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g.
а		X Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trust	tees of the supporting
		_ organization. You must c	omplete Part IV, S	ections A and B.				
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or man	age the supported
		_ organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally inte	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	ly integrated with,
	_	_ its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its support	ted organization(s)
		that is not functionally into	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	En	ter the number of supported	l organizations					1
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization				(vi) Amount of
		•		(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
								·
I	TTZ	ACHMENT 1			Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tati	s I						19,224,058.	
Tota	1 i						12,44,UUO.	İ

Par	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								
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,	,				.,		
	miciade any unusual grants.								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3					1			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				COR				
	Public support. Subtract line 5 from line 4.								
	tion B. Total Support		Γ						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on		260						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	C							
11	Total support. Add lines 7 through 10	163							
12	Gross receipts from related activities, etc. (s	see instructions)				12			
13	First five years. If the Form 990 is f organization, check this box and stop here								
Sec	tion C. Computation of Public Sup		_						
14	Public support percentage for 2015 (li						%		
15	Public support percentage from 2014						%		
16a	331/3% support test - 2015. If the o								
	this box and stop here . The organization	•		•					
b	331/3% support test - 2014. If the c								
170	check this box and stop here. The organization and six amount and								
ı / a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_							
	Part VI how the organization meets t					•	•		
	organization			•	•				
b	10%-facts-and-circumstances test - 2						and line		
	15 is 10% or more, and if the orga	•							
	Explain in Part VI how the organizati						-		
	supported organization						▶ □		
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	•		

instructions _______

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.)

<u></u>	tion A. Dublic Commont				<u>'</u>	,	
	tion A. Public Support	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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					1	
	to or expended on its behalf				4	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						
_	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.))			
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,	, C					
	payments received on securities loans, rents, royalties and income from similar						
	sources	1					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	P					
	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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first. seco	nd, third, fourth.	or fifth tax ve	ear as a section	501(c)(3)
•	organization, check this box and stop here	•			,		` ^ ` _
Sec	tion C. Computation of Public Sup					<u> </u>	
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
Sec	tion D. Computation of Investmer					<u> </u>	
17	Investment income percentage for 2015 (lin			13, column (f))		17	%
18	Investment income percentage from 2014					18	%
	331/3% support tests - 2015. If the org						
u	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2014. If the orga	_		-		•	
~	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization		•	•			

52-1795789

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NPR FOUNDATION Schedule A (Form 990 or 990-EZ) 2015

Supporting Organizations Part IV

(Complete only if you checked a box in 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.)

Se

Secti	on A. All Supporting Organizations		Vac	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1	Yes	NO
2	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	1	Α	
	organization was described in section 509(a)(1) or (2).	2		Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		Х
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.	3b		
С	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.	3c		
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.	4a		Х
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.	4b		
С	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.	4c		
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).	5a		Х
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_		v
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
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 or 990-EZ).	8		Х
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 .	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c		X
10 2	from, assets in which the supporting organization also had an interest? <i>If</i> "Yes," <i>provide detail in Part VI.</i> Was the organization subject to the excess business holdings rules of section 4943 because of section	90		_ ^
10 a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		X
b				

10b

determine whether the organization had excess business holdings.)

Part	IV 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		X		
b	A family member of a person described in (a) above?	11b		Х		
	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		X		
Secti	on B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to					
	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	Х			
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		Х		
Secti	on C. Type II Supporting Organizations			21		
00011	on or type is supporting organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior					
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of					
	the organization's governing documents in effect on the date of notification, to the extent not previously					
	provided?	1				
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.	2				
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3				
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).			
a	The organization satisfied the Activities Test. Complete line 2 below.	,	0110).			
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).			
•	Ashibitas Task Assumata) and (IA) below		Yes	No		
2	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 Part VI identify</i>					
	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				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more					
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these					
	activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.					
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
	trustees of each of the supported organizations? Provide details in Part VI.	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must comp	olete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Voor	(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	1	
Ocation D. Minimum Acces Amount		(A) D : 3((B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	·	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 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	-integ	rated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex	xempt purposes						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	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 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а								
b			3					
С								
d	From 2013							
е	From 2014							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years	, ()						
h	Applied to 2015 distributable amount							
i	Carryover from 2010 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section							
	D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а								
b								
С	Excess from 2013							
d								
е	Excess from 2015							

Schedule A (Form 990 or 990-EZ) 2015

V 15-7.18 21

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 I - INFORMATION ABOUT S (I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
NATIONAL PUBLIC RADIO, INC.	52-0907625	7	Х	19,224,058.	0.
TOTAL AMOUNT OF SUPPORT				19,224,058.	
				A	
				2	
		70,			
	2				

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2015

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization NPR FOUNDATION 52-1795789 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** 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 for 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

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) (2015)

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$82,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$175,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of F	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$1,352.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and zir +4	\$100,328.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 74,044.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$37,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$220,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of F	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$75,620.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of F	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Name, address, and zir +4	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_		\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

 $\begin{tabular}{lll} \hline \textbf{Name of organization} & \texttt{NPR} & \texttt{FOUNDATION} \\ \hline \end{tabular}$

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	Maine, address, and Zii ++	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$7,240.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$17,472.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$7,910.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	Maine, address, and Zii + 4	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$270,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55_		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	Name, address, and zir +4	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58_		\$17,521.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$22,883.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

 $\begin{tabular}{ll} \textbf{Name of organization} & \texttt{NPR} & \texttt{FOUNDATION} \\ \end{tabular}$

Parti	Contributors (see instructions). Ose duplicate copies of P	art i ii additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,024.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of P	art i if additional space is ne	eaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$24,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72_		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

 $\begin{tabular}{ll} \textbf{Name of organization} & \texttt{NPR} & \texttt{FOUNDATION} \\ \end{tabular}$

Parti	Contributors (see instructions). Ose duplicate copies of P	art i ii additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,305.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$19,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-1795789

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	434 SHARES		
		\$100,328.	11/20/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	1103 SHARES	\$	12/17/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_13	376 SHARES	\$24,681.	12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_41	150 SHARES	\$	12/18/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_58	565 SHARES	\$ 17,521.	09/21/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
59	589 SHARES		
		\$22,883.	_09/21/2016

Employer identification number

52-1795789

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
66	27 SHARES		
		\$5,024.	12/11/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
83	75 SHARES	\$5,305.	09/01/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	200 SHARES	\$25,738.	09/16/2016
(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
		\$	

				52-1795789			
		the year from any ions completing Par	one contributor. t III, enter the total	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,			
	contributions of \$1,000 or less for the			see instructions.) ►\$			
	Use duplicate copies of Part III if addit	ional space is need	ed.	T			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Trans	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
			-				
(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, and ZIP + 4 Relationship of transferor to transferee						
			-				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(8)	(e) Transi					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
			-				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(a) Trans	ton of wift				
	Transferee's name, address, ar	(e) Transi nd ZIP + 4		nship of transferor to transferee			
				-			
		_					

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection Internal Revenue Service Name of the organization Employer identification number NPR FOUNDATION 52-1795789 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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 statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

43

▶ \$ _

▶ \$

52-1795789

NPR FOUNDATION

Schedule D (Form 990) 2015 Page **2**

Par	Till Organizations Maintaining Coll	ections of Art, F	listorical T	reasures, or Ot	her Similar Asse	ts (continu	ued)
3	Using the organization's acquisition, acce	ssion, and other re	cords, check	any of the follow	wing that are a sigr	nificant use	of its
	collection items (check all that apply):						
а	Public exhibition	d	Loan o	or exchange progra	ims		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's	s collections and ex	xplain how t	hey further the or	ganization's exemp	t purpose i	n Part
	XIII.						
5	During the year, did the organization solicit	or receive donation	is of art, histo	orical treasures, or	other similar		_
	assets to be sold to raise funds rather than	to be maintained as	part of the	organization's colle	ction?	Yes	No
Par	Escrow and Custodial Arrangem Complete if the organization ans 990, Part X, line 21.		orm 990, Pa	art IV, line 9, or re	eported an amount	t on Form	
1a	Is the organization an agent, trustee, custo						
	included on Form 990, Part X?				. L	Yes	No
b	If "Yes," explain the arrangement in Part X						
					Amount		
С	Beginning balance						
d	Additions during the year						
е	Distributions during the year			1e			
f	Ending balance						
	Did the organization include an amount on		•		, _	Yes	No
	If "Yes," explain the arrangement in Part X	III. Check here if the	e explanation	has been provided	on Part XIII		
Par							
	Complete if the organization ans					I	
				(c) Two years back	(d) Three years back	(e) Four yea	
1a	Beginning of year balance 289,1		180,394.	278,158,538.		227,138	
b	Contributions	10,147.	664.	251,388.	17,952,610.	13	3,343
С	Net investment earnings, gains,						
	and losses	221,760. 2,	034,494.	35,989,774.	31,046,911.	27,954	1,425.
d	Grants or scholarships						
	Other expenditures for facilities	(C)					
			059,002.	10,567,484.			L,186
f	AUTHINISH ALIVE EXDENSES		960,830.	651,822.			1,276
g	End of year balance 293,6	564,422. 289,	195,720.	303,180,394.	278,158,538.	245,001	.,066.
2	Provide the estimated percentage of the c	urrent year end bala	ance (line 1g,	column (a)) held as	3:		
а	Board designated or quasi-endowment ▶_						
b	Permanent endowment ▶ 72.8300 %						
С	Temporarily restricted endowment ▶ 27						
	The percentages on lines 2a, 2b, and 2c s	•					
3a	Are there endowment funds not in the poss	session of the orgar	nization that	are held and admi	nistered for the		
	organization by:					Yes	No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organ					3b	
4	Describe in Part XIII the intended uses of t		ndowment fur	nds.			
Par	t VI Land, Buildings, and Equipment. Complete if the organization and	swered "Ves" on F	orm 990 P	art IV/ line 11a 9	See Form 000 Par	rt X lina 10	1
	Description of property	(a) Cost or other basi				d) Book value	·
		(investment)			reciation	.,	
_	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment						
	Other						
Tota	. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, P	art X, columi	n (B), line 10c.)	▶		

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NPR FOUNDATION

Schedule D (Form 990) 2015			Page 3
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	ion:
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) DIVERSIFIERS	121,127,918.	FMV	
(B) EQUITIES	57,663,777.	FMV	
(C) REAL ASSETS	29,406,130.	FMV	
(D) PRIVATE EQUITIES	19,078,597.	FMV	
(E) PRIVATELY HOLD STOCK	2,041,169.	FMV	
(F)			
(G)			
(H)		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	229,317,591.		
Part VIII Investments - Program Related. Complete if the organization answered	"Ves" on Form 000	Part IV line 11c See Form 990	Part V line 13
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	$-$ O \times		
Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
	scription	, rattiv, fille tra. eee refill eee,	(b) Book value
(1)	Scription		(b) Dook value
(1)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(1)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15)	.	
Part X Other Liabilities.	110 10.)		
Complete if the organization answered	"Yes" on Form 990	Part IV. line 11e or 11f. See For	m 990. Part X.
line 25.	100 0111 01111 000	, , , , , , , , , , , , , , , , , , , ,	000, 1 0.1171,
1. (a) Description of liability	(b) Book valu	e	
(1) Federal income taxes	(2) 2001 1010		
(2) DUE TO NPR	3,297,	782.	
(3)	5,251,		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	3.297.	782	

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 JSA 5E1270 1.000

NPR FOUNDATION 52-1795789

Schedule D (Form 990) 2015 Page **4**

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on 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	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 3
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	
a b	Other (Describe in Part XIII.)	
	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" on Form 990, Part IV, line 12a.	ırn.
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	-
b	Prior year adjustments	
C		
d e	Other (Describe in Part XIII.)	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
	XIII 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; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and 2b and 2b; Part III, lines 1b and 2b and	art V. line 4: Part X. line
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
SEE	PAGE 5	

JSA 5E1271 1.000 Schedule D (Form 990) 2015 NPR FOUNDATION 52-1795789 Page **5**

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS: SCHEDULE D, PART V, LINE 4

THE FOUNDATION'S ENDOWMENT CONSISTS OF FIFTY-FIVE FUNDS ESTABLISHED BY DONORS FOR A VARIETY OF REASONS, INCLUDING: NPR'S GENERAL MISSION AND OPERATIONS, JOURNALISTIC EXCELLENCE, DIGITAL INNOVATIONS/NEW TECHNOLOGIES, CULTURAL JOURNALISM, JAZZ JOURNALISM AND PROGRAMMING, OPERATION OF NPR FACILITIES, AND SCIENCE JOURNALISM.

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 THE FOUNDATION 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
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, 2016, THERE WERE
NO UNCERTAIN TAX POSITIONS FOR WHICH A LIABILITY SHOULD BE RECORDED.

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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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NPR FOUNDATION 52-1795789 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.) (e) If activity listed in (d) is (b) Number of (a) Region (c) Number of (d) Activities conducted in (f) Total region (by type) (e.g., fundraising, program services, offices in the émployees, a program service, expenditures for describe specific type of region agents, and and investments independent investments. service(s) in region in region grants to recipients contractors in region located in the region) (1) CENTRAL AMERICA/CARIBBEAN INVESTMENTS 31,739,776. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)(12)(13)(14)(15)(16)(17)3a 31,739,776. Total from continuation sheets to Part I Totals (add lines 3a and 3b) 31,739,776.

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

Schedule F (Form 990) 2015

NPR FOUNDATION 52-1795789

Page 2 Schedule F (Form 990) 2015

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)						4			
(2)						\mathcal{A}			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)				, C) `					
(9)			Ó						
(10)			(6)						
(11)			16						
(12)			. (1)						
(13)									
(14)		(8)							
(15)		00							
(16)									
	er total number of recipien	nt organizations listed abov	ve that are recognized as	charities by the	foreign country, re	ecognized as tax	k-exempt		

Schedule F (Form 990) 2015

Part III 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 can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)					7		
(3)							
_(4)							
(5)			•				
(6)			. (
_(7)							
(8)			, C) `				
_ (9)							
(10)		(C)	•				
(11)		190					
(12)	. (1)						
(13)							
(14)	(6)						
(15)	0						
(16)							
(17)							
(18)							

NPR FOUNDATION 52-1795789

Schedule F (Form 990) 2015 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)	X Yes	s No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	Yes	s 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 Yes	s 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)	X Yes	s 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)	X Yes	s 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	s X No
	PUBLIC		Schedule F (Form 990) 2015

V 15-7.18 51 Schedule F (Form 990) 2015 Page **5**

Part V Suppleme

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).



JSA Schedule F (Form 990) 2015

5E1502 1.000

SCHEDULE I (Form 990)

Name of the organization

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

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service ► Informa

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

NPR FOUNDATION					4	52-1795789)
Part I General Information on Grants	and Assistance	е				•	
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro 	ants or assistanc	e?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any red							es" on Form
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) NATIONAL PUBLIC RADIO, INC. 1111 NORTH CAPITOL STREET, NE	52-0907625	501(C)(3)	19,224,058.	,\O'	N/A	N/A	GENERAL SUPPORT SUPPORT
(2)			ć				
(3)				7			
(4)			~Q V				
(5)			(2)				
(6)							
(7)		O					
(8)	0						
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	_	_					1.

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

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
i				O	
į.				-O'	
)	

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.

MONITORING THE USE OF GRANT FUNDS: SCHEDULE I, PART I, LINE 2

THE FOUNDATION IS A SUPPORTING ORGANIZATION OF NPR. ITS PURPOSE IS TO

RAISE AND DISBURSE CHARITABLE CONTRIBUTIONS TO NPR FOR THE OPERATION,

PROMOTION, DEVELOPMENT, CAPITAL EXPANSION AND OTHER VALID PURPOSES OF

NPR. THE FOUNDATION ALSO PROVIDES ANNUAL SUPPORT TO NPR THROUGH

BOARD-APPROVED DISTRIBUTIONS FROM THE ENDOWMENT.

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V 15-7.18

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation InformationFor 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 NPR FOUNDATION 52-1795789 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	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 or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
_	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	_		
3	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
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 on 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		X
b	Any related organization?	5b		X
^	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	60		Х
a b	The organization?	6a 6b		X
b	If "Yes" on line 6a or 6b, describe in Part III.	OD		71
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on 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) 2015

NPR FOUNDATION 52-1795789

Schedule J (Form 990) 2015

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 o	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 on prior Form 990
JARL MOHN	(i)	0.	0.	0.	0.			0.
1EX OFFICIO TRUSTEE	(ii)	530,541.	0.	105.	0.	15,282		0.
DEBORAH A. COWAN	(i)	0.	0.	0.	0.			0.
2TREASURER	(ii)	269,004.	0.	17.	17,225.	10,307	. 296,553.	0.
	(i)							
_ 3	(ii)							
	(i)				()			
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)		Y					
	(i)							
12	(ii)	\sim						
40	(i) (ii)							
13	(i)							
4.4	(ii)							
14	(i)							
15	(ii)							
10	(i)							
16	(ii)							
10	(")		l			l .		<u></u>

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NPR FOUNDATION 52-1795789

Schedule J (Form 990) 2015

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.



Schedule J (Form 990) 2015

JSA 5E1505 1.000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Employer identification number 52-1795789

NPR FOUNDATION Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household				4			
	goods				7			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	22.	285,491.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures			¥				
14	Qualified conservation		. ()					
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(
26	Other ►(
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received	bv the org	anization during the tax ve	ear for contributions for				
	which the organization completed F		•		29			
	,	·					Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th				-			
	to be used for exempt purposes for	-			•	30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a		ance policy that require	s the review of any r	non-standard			
	contributions?					31	Х	
32a	Does the organization hire or use							
	contributions?	•	•			32a		Х
b	If "Yes," describe in Part II.							
	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a)) is checked			

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

Schedule M (Form 990) (2015)

describe in Part II.

Schedule M (Form 990) (2015) Page **2**

Part II Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SECURITIES: SCHEDULE M, PART I, LINE 9

THE NUMBER OF CONTRIBUTIONS IS DETERMINED BY COUNTING EACH GIFT (RATHER

THAN EACH SHARE RECEIVED) OF STOCK SEPARATELY.



JSA Schedule M (Form 990) (2015)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

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
 Employer identification number

 NPR FOUNDATION
 52-1795789

MEMBERS OF ORGANIZATION: FORM 990, PART VI, LINE 6
THE SOLE MEMBER OF THE FOUNDATION IS NPR, INC.

ELECTION OF BOARD MEMBERS: FORM 990, PART VI, LINE 7A

THE PRESIDENT AND THE CHAIRPERSON OF THE SOLE MEMBER'S BOARD OF DIRECTORS, ACTING JOINTLY, ARE OFFICIAL VOTING REPRESENTATIVES FOR THE SOLE MEMBER AND EX OFFICIO MEMBERS OF THE FOUNDATION BOARD OF TRUSTEES.

ELECTED TRUSTEES SHALL BE DEEMED ELECTED FOLLOWING (1) THE AFFIRMATIVE VOTE OF THE BOARD OF TRUSTEES AND (2) RATIFICATION BY THE SOLE MEMBER, WHICH IS NECESSARY, IF THE TWO VOTING REPRESENTATIVES OF THE SOLE MEMBER, ACTING IN THEIR CAPACITY AS EX OFFICIO TRUSTEES, HAVE CAST DISSENTING VOTES FOR THE ELECTION OF AN ELECTED TRUSTEE.

APPROVAL OF DECISIONS OF GOVERNING BODY: FORM 990, PART VI, LINE 7B

THE SOLE MEMBER SHALL HAVE ALL RIGHTS CONFERRED BY STATUTE, THE FOUNDATION'S ARTICLES OF INCORPORATION, AND OTHER PROVISIONS IN THE FOUNDATION'S BYLAWS, INCLUDING THE RIGHT TO ALTER AN ACTION BY THE FOUNDATION OR ITS TRUSTEES WITHIN 30 DAYS FOLLOWING NOTICE TO THE TWO VOTING REPRESENTATIVES OF THE SOLE MEMBER OF SUCH ACTION. IF THE TWO VOTING REPRESENTATIVES OF THE SOLE MEMBER, ACTING IN THEIR CAPACITY AS EX OFFICIO TRUSTEES, HAVE CAST AFFIRMATIVE VOTES FOR THE ACTION, SUCH ACTION MAY NOT BE ALTERED BY THE SOLE MEMBER. PRIOR TO ALTERATION OF ANY ACTION,

THE SOLE MEMBER SHALL PROVIDE THE CHAIRPERSON OF THE BOARD WITH WRITTEN NOTICE OF ITS INTENT AND RATIONALE.

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 FOUNDATION TRUSTEES PRIOR TO FILING WITH THE IRS.

CONFLICT OF INTERESTS: FORM 990, PART VI, LINE 12C

THE FOUNDATION REGULARLY MONITORS AND SURVEYS TRUSTEES, OFFICERS, AND KEY EMPLOYEES TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST. NPR'S GENERAL COUNSEL IS AUTHORIZED, WITH THE APPROVAL OF THE CHAIRPERSON OF THE FOUNDATION'S BOARD, TO SEEK FROM TRUSTEES SUCH INFORMATION AS TO CONFLICTS OF INTEREST, NONPUBLIC CORPORATE INFORMATION, AND GRATUITIES AS HE OR SHE DEEMS APPROPRIATE, INCLUDING PERIODIC DISCLOSURE OF INFORMATION ABOUT THE INTERESTS OF THE TRUSTEE WHICH COULD LEAD TO CONFLICTS OF INTEREST. IN REGARDS TO ACTUAL OR APPARENT CONFLICTS OF INTEREST, A TRUSTEE SHALL: 1) REFRAIN FROM ANY USE OF THEIR POSITION AS A TRUSTEE WHICH IS MOTIVATED BY, OR GIVES THE APPEARANCE OF BEING MOTIVATED BY, THE DESIRE FOR GAIN FOR THE TRUSTEE OR FOR ANOTHER PERSON OR ORGANIZATION WITH WHICH HE OR SHE IS ASSOCIATED; 2) DISQUALIFY HIMSELF/HERSELF FROM FORMAL OR INFORMAL DISCUSSIONS WITH TRUSTEES OR PARTICIPATION IN ANY DECISIONS WHICH POSE A CONFLICT OF INTEREST OR THE APPEARANCE OF A

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NPR FOUNDATION

CONFLICT OF INTEREST. IF SUCH DISQUALIFICATION IS NECESSARY, THE TRUSTEE SHALL INFORM THE CHAIRPERSON OF THE BOARD OF THAT DISQUALIFICATION, AND THE CHAIR SHALL AS SOON AS POSSIBLE THEREAFTER INFORM THE OTHER TRUSTEES AND NPR'S GENERAL COUNSEL OF SUCH DISQUALIFICATION. IF THERE IS ANY QUESTION AS TO WHETHER THERE IS A CONFLICT OF INTEREST, THE TRUSTEE SHALL REQUEST A WRITTEN OPINION FROM NPR'S GENERAL COUNSEL REGARDING THE PROPRIETY OF THE TRUSTEE'S INVOLVEMENT. AFTER CONSULTING WITH NPR'S GENERAL COUNSEL, THE CHAIRPERSON OF THE BOARD SHALL MOVE THAT THE BOARD VOTE SUCH CORRECTIVE ACTIONS AS MAY BE NECESSARY OR APPROPRIATE TO REMEDY ANY VIOLATION OF THIS CONFLICT OF INTEREST POLICY FOR FOUNDATION TRUSTEES AS DETERMINED BY THE BOARD. SUCH MOTION SHALL BE MADE AT THE CHAIR'S INITIATIVE OR AT THE REQUEST OF ANY TRUSTEE.

COMPENSATION: FORM 990, PART VI, LINE 15; PART VII, LINE 1

ALL FOUNDATION OFFICERS ARE COMPENSATED DIRECTLY BY NPR UNDER NPR'S

COMPENSATION POLICY. 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 REVIEW OR DECISION MAKING PROCESS. NPR MAINTAINS

ALL RECORDS REGARDING COMPENSATION.

Name of the organization

NPR FOUNDATION

52-1795789

GOVERNING DOCUMENTS: FORM 990, PART VI, LINE 19

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

2016, 2015, AND 2014 ARE POSTED AND AVAILABLE FOR DOWNLOAD ON WWW.NPR.ORG

< http://www.npr.org/about-npr/178660742/public-radio-finances>.

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON

REQUEST.

EXECUTIVE COMMITTEE: FORM 990, PART VI, LINE 1A
WHEN THE BOARD OF TRUSTEES IS NOT IN SESSION, THE EXECUTIVE COMMITTEE
SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF TRUSTEES IN
THE MANAGEMENT OF THE FOUNDATION.

ATTACHMENT 1

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

THE FOUNDATION, WHICH IS A SUPPORTING ORGANIZATION OF NPR, WAS

FOUNDED IN 1992. ITS PURPOSE IS TO RAISE CHARITABLE CONTRIBUTIONS FOR

THE BENEFIT OF NPR; DISBURSE FUNDS TO NPR FOR THE OPERATION,

PROMOTION, DEVELOPMENT, CAPITAL EXPANSION, AND OTHER VALID PURPOSES

OF NPR; CONDUCT FUNDRAISING EFFORTS AND ENGAGE IN RELATED ACTIVITIES

FOR THE BENEFIT OF NPR.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

lacktriangle 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
2015
Open to Public Inspection

Name of the organizationEmployer identification numberNPR FOUNDATION52-1795789

(a) Name, address, and EIN (if applicable) of disreg	(b) Primary acti	vity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)				·		
(2)			. 0			
(3)		7	7			
(4)						
(5)						
(6)	- 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 related 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 contr	12(b)(13) olled
						Yes	No
(1) NATIONAL PUBLIC RADIO, INC. 52	-0907625						
1111 NORTH CAPITOL STR. NE WASHINGTON, DC	20002, EDUC/BROADCST	DC	501(C)(3)	7	N/A		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)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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	ij) eral or aging tner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No	
(1) NAT'L PUB MEDIA LLC 26-1156765	_											
156 W 56 ST STE 903 NEW YORK,	MEDIA UNDERWR	NY	NPR, INC.	RELATED								
(2)	_				_(
(3)												
(4)					4							
(5)					0							
(6)												
(7)												

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 controll entity)
(1))						Yes No
(2)							
(3)							
(4)							
(5) (6)							
(7)							

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Schedule R (Form 990) 2015

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

NPR FOUNDATION

Schedule R (Form 990) 2015

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
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s).	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
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	Performance of services or membership or fundraising solicitations by related organization(s).	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d)		
		ınt inv		ig
(1)				
(2)				
(3)				
(4)				
(5)				
/ 0\				
(6)				

Part V

Page 3

Schedule R (Form 990) 2015

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)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	d 501(c)(3) organizations		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
				Yes	No			Yes	No		Yes	No	
)													
)							0),						
)						. 0							
)						A							
)) '							
)				-									
)				P									
)													
)			(2)										
0)													
1)		10											
2)													
3)													
1)													
5)													
5)													

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Schedule R (Form 990) 2015

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NPR FOUNDATION 52-1795789

Schedule R (Form 990) 2015 Page **5**

Part VII Supplemental Information

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

