

***NATIONAL PUBLIC RADIO, INC.
2015 FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
PUBLIC INSPECTION COPY
FISCAL YEAR ENDED 09/30/2016***

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 10/01, 2015, and ending 09/30, 2016

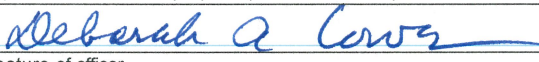
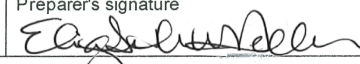
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL PUBLIC RADIO, INC.			D Employer identification number 52-0907625	
	Doing business as NPR			E Telephone number (202) 513-2000	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	1111 NORTH CAPITOL STREET, NE				
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002			G Gross receipts \$ 274,721,249.		
F Name and address of principal officer: JARL MOHN 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.NPR.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1970 M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NPR WORKS IN PARTNERSHIP WITH MEMBER STATIONS TO CREATE A MORE INFORMED PUBLIC - ONE CHALLENGED AND INVIGORATED BY A DEEPER UNDERSTANDING OF EVENTS, IDEAS, AND CULTURES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,323.
	6 Total number of volunteers (estimate if necessary)	6	36.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	20,593,662.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,112,613.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	80,146,318.	92,102,494.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,943,351.	118,977,760.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,685,273.	3,341,895.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,756,058.	3,596,244.
		196,531,000.	218,018,393.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	104,463.	145,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	120,863,961.	127,888,797.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,664,802.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,950,932.	83,758,674.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	202,919,356.	211,792,471.
	19 Revenue less expenses. Subtract line 18 from line 12	-6,388,356.	6,225,922.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	344,175,950.	347,015,705.
	22 Net assets or fund balances. Subtract line 21 from line 20	216,650,431.	223,384,073.
		127,525,519.	123,631,632.

Part II Signature Block

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

Sign Here			08/01/2017	
	Signature of officer		Date	
Paid Preparer Use Only	DEBORAH A. COWAN		CFO AND TREASURER	
	Type or print name and title			
	Print/Type preparer's name ELIZABETH W HELLER, CPA	Preparer's signature 	Date 8/11/2017	Check <input type="checkbox"/> if self-employed
Firm's name ▶ TATE & TRYON		Firm's EIN ▶ 52-1855942		
Firm's address ▶ 2021 L ST NW WASHINGTON, DC 20036		Phone no. 202-293-2200		

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

2015 990 Returns Found in Account G79R

Total Record Count: 1

Report Date: 8/11/2017

***** - Federal Only**

**** - This indicator is an acknowledgement that the jurisdiction has received direct debit information. Please note that not all jurisdictions send this acknowledgement.**

Locator	Tax Type	Taxpayer Name	Client Code	Alerts	Juris Abbr.	Juris Description	E-File Status	Federal Service Center	Date Sent	Date Ack	Submission ID	DCN	Debts ***	PIN***	EIC***	Direct Debit Ack Rec'd**	Direct Debit In Locator	Create Date
4022FY	990	NATIONAL PUBLIC RADIO, INC.	01	N	FED	Federal	Accepted		8/11/2017 3:54:00 PM	8/11/2017 4:26:00 PM	52472820172236000001						N	8/11/2017 3:50:33 PM

PB

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

For calendar year 2015, or fiscal year beginning 10/01, 2015, and ending 09/30, 2016

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2015

Department of the Treasury
Internal Revenue Service

Name of exempt organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

Name and title of officer

DEBORAH A. COWAN, CFO AND TREASURER

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

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

- 1a** Form 990 check here ▶ **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . **1b** 218018393.
- 2a** Form 990-EZ check here ▶ **b Total revenue**, if any (Form 990-EZ, line 9) **2b** _____
- 3a** Form 1120-POL check here ▶ **b Total tax** (Form 1120-POL, line 22) **3b** _____
- 4a** Form 990-PF check here ▶ **b Tax based on investment income** (Form 990-PF, Part VI, line 5). **4b** _____
- 5a** Form 8868 check here ▶ **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) **5b** _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Deborah A. Cowan

Date ▶ 08/11/2017

Part III Certification and Authentication

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

5 2 4 7 2 8 5 2 0 9 0

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Eagle

Date ▶ 08/11/2017

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



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	September 30, 2016
Notice date	November 28, 2016
Employer ID number	52-0907625
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

230292.714895.36405.6799 1 SP 0.480 370



NATIONAL PUBLIC RADIO INC
% NPRINC DEBORAH A COWAN
1111 NORTH CAPITOL ST NW
WASHINGTON DC 20002



230292

Page 1 of 1

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.

PUBLIC INSPECTION COPY

OGDEN UT 84201-0038

In reply refer to: 0438077500
July 26, 2017 LTR 333C 0
52-0907625 201609 67
00006148
BODC: TE

NATIONAL PUBLIC RADIO INC
% NPRINC DEBORAH A COWAN
1111 NORTH CAPITOL ST NW
WASHINGTON DC 20002



046621

Taxpayer Identification Number: 52-0907625
Tax Period(s): Sep. 30, 2016

Form: 990

Dear Taxpayer:

Thank you for the inquiry dated July 17, 2017.

We have approved your application and have extended the time to Aug. 15, 2017.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

PUBLIC INSPECTION COPY

0438077500
July 26, 2017 LTR 333C 0
52-0907625 201609 67
00006149

NATIONAL PUBLIC RADIO INC
% NPRINC DEBORAH A COWAN
1111 NORTH CAPITOL ST NW
WASHINGTON DC 20002

Thank you for your cooperation.

Sincerely yours,



John Weaver
Program Manager, AM OPS 2

Enclosure(s):
Copy of this letter

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 126,663,965. including grants of \$ 145,000.) (Revenue \$ 102,875,258.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 14,603,026. including grants of \$) (Revenue \$ 12,696,902.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 1,405,495. including grants of \$) (Revenue \$ 3,405,600.)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.) ATTACHMENT 5
(Expenses \$ 930,963. including grants of \$) (Revenue \$ 86,774.)

4e Total program service expenses ▶ 143,603,449.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 7
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: NPR, DEBORAH A. COWAN CFO, 1111 NORTH CAPITOL ST, NE WASHINGTON, DC 20002 202-513-2000

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

Check if Schedule O contains a response 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOHN, JARL PRESIDENT & CEO	39.00 1.00	X		X				530,646.	0.	15,282.
(2) ARREDONDO, FABIOLA DIRECTOR	1.00 0.	X						0.	0.	0.
(3) BOSKIN, CHRIS DIRECTOR	1.00 0.	X						0.	0.	0.
(4) CRANE, MIKE DIRECTOR	1.00 1.00	X						0.	0.	0.
(5) DUST, FRED DIRECTOR	1.00 0.	X						0.	0.	0.
(6) GARDELLA, BETSY DIRECTOR	1.00 0.	X						0.	0.	0.
(7) HAAGA, PAUL G. JR. DIRECTOR	1.00 0.	X						0.	0.	0.
(8) JENSEN, KIT DIRECTOR	1.00 0.	X						0.	0.	0.
(9) LAMAY, ROGER DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) MATHES, CARYN DIRECTOR	1.00 0.	X						0.	0.	0.
(11) PETROWICH, GREG DIRECTOR	1.00 0.	X						0.	0.	0.
(12) ROGERS, FLORENCE M.E. DIRECTOR	1.00 0.	X						0.	0.	0.
(13) SAVAGE, MIKE DIRECTOR	1.00 0.	X						0.	0.	0.
(14) SWANSON, KERRY DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) WALKER, CONNIE DIRECTOR	1.00 0.	X						0.	0.	0.
16) WOLLNER, HOWARD DIRECTOR	1.00 1.00	X						0.	0.	0.
17) WOTOWICZ, JOHN S. DIRECTOR	1.00 0.	X						0.	0.	0.
18) FERNANDES, GARY DIRECTOR	1.00 1.00	X						0.	0.	0.
19) OLIVER, LAFONTAINE DIRECTOR	1.00 0.	X						0.	0.	0.
20) SHEIKHOESLAMI, GOLI DIRECTOR	1.00 0.	X						0.	0.	0.
21) SLOCUM, JOYCE DIRECTOR	1.00 0.	X						0.	0.	0.
22) WALLACE, JOANNE DIRECTOR	1.00 0.	X						0.	0.	0.
23) WATSON, CARLOS DIRECTOR	1.00 0.	X						0.	0.	0.
24) BEACH, MICHAEL F. VP, DISTRIBUTION	40.00 0.			X				248,407.	0.	19,983.
25) BRAND, ZACHARY J. VP, NPR DIGITAL MEDIA	40.00 0.			X				260,649.	0.	37,418.
1b Sub-total								530,646.	0.	15,282.
c Total from continuation sheets to Part VII, Section A								7,648,974.	0.	648,701.
d Total (add lines 1b and 1c)								8,179,620.	0.	663,983.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 499

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 8		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 53

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) CARRASCO, EMMA J. CMO & SR.VP AUDIENCE DEVELOPM.	40.00 0.			X				373,008.	0.	32,605.
27) COWAN, DEBORAH A. CFO & TREASURER	39.00 1.00			X				269,022.	0.	27,532.
28) GARRISON, STANLEY M. VP, TECH OPS&BROADCAST ENGING	40.00 0.			X				274,489.	0.	37,457.
29) HANSON, MONIQUE H. CHIEF DEVELOPMENT OFFICER	40.00 0.			X				345,889.	0.	26,173.
30) HART, JONATHAN CLO, GC, SECRETARY	40.00 0.			X				429,291.	0.	13,997.
31) HOOLEY, GEMMA VP, MEMBER PARTNERSHIP	40.00 0.			X				204,659.	0.	22,483.
32) LANG, ELISABETH G. ASSISTANT TREASURER	40.00 0.			X				178,713.	0.	32,017.
33) MAYOR, LOREN A. COO, SR. VICE PRESIDENT	40.00 0.			X				352,480.	0.	32,486.
34) ORESKES, MICHAEL SVP NEWS, EDITORIAL DIRECTOR	40.00 0.			X				223,830.	0.	9,985.
35) POWELL, MARJORIE VP, HUMAN RESOURCES	40.00 0.			X				252,654.	0.	8,277.
36) RIKSEN, MICHAEL R. VP, POLICY & REPRESENTATION	40.00 0.			X				249,136.	0.	33,509.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 499

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) SHANAHAN, MICHELLE M. ASSISTANT SECRETARY	40.00 0.			X				196,873.	0.	14,980.
(38) TURPIN, CHRISTOPHER VP, NEWS PROGR., & OPERATIONS	40.00 0.			X				254,246.	0.	37,303.
(39) WOODS, KEITH M. VP, DIVERSITY IN NEWS & OPS	40.00 0.			X				230,518.	0.	16,398.
(40) GRUNDMANN, ANYA VP, PROGRAMMING AND AUDIENCE D	40.00 0.			X				243,283.	0.	26,124.
(41) HJELM, THOMAS CHIEF DIGITAL OFFICER	40.00 0.			X				0.	0.	0.
(42) LUTZKY, MICHAEL VP, BUSINESS DEVELOPMENT	40.00 0.			X				0.	0.	0.
(43) INSKEEP, STEVEN A. SR. HOST, MORNING EDITION	40.00 0.					X		430,986.	0.	33,640.
(44) MONTAGNE, RENEE SR. HOST, MORNING EDITION CA	40.00 0.					X		408,552.	0.	27,092.
(45) SIEGEL, ROBERT SR. HOST ATC	40.00 0.					X		417,629.	0.	21,087.
(46) SIMON, SCOTT SR. HOST WE	40.00 0.					X		391,616.	0.	33,832.
(47) BLOCK, MELISSA SPECIAL CORRESPONDENT AND HOST	40.00 0.					X		376,847.	0.	38,961.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 499

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) WILSON, KINSEY CHF CONTENT OFC,EVP TO 11/7/14	0. 0.						X	437,439.	0.	0.
(49) LOEWENSTEIN, PETER J. VP, DISTRIBUTION, TO 12/29/13	0. 0.						X	138,219.	0.	0.
(50) STARLING, MICHAEL I. VP, EXEC. DIR., TO 1/11/14	0. 0.						X	135,899.	0.	0.
(51) KEMPF, ROBERT VP,DIGITAL SERVICES TO 9/28/15	0. 0.						X	215,285.	0.	14,219.
(52) NUZUM, ERIC VP, PROGRAMMING TO 6/10/15	0. 0.						X	109,355.	0.	7,762.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 499

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(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 Federated campaigns	1a	588,516.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	19,224,058.					
	e Government grants (contributions)	1e	145,000.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	72,144,920.					
	g Noncash contributions included in lines 1a-1f: \$ _____							
	h Total. Add lines 1a-1f ▶			92,102,494.				
Program Service Revenue				Business Code				
	2a STATION PROGRAMMING FEES		515100	73,347,721.	73,347,721.			
	b DISTRIBUTION SERVICES		515100	12,696,902.	10,735,982.	1,960,920.		
	c DIGITAL MEDIA SPONSORSHIP		900004	18,626,758.		18,626,758.		
	d MEMBERSHIP DUES		515100	3,405,600.	3,405,600.			
	e DIGITAL SERVICES		518210	6,279,356.	6,279,356.			
	f All other program service revenue			4,621,423.	4,599,553.	21,870.		
g Total. Add lines 2a-2f ▶			118,977,760.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			2,054,841.		-361,085.	2,415,926.	
	4 Income from investment of tax-exempt bond proceeds ▶			0.				
	5 Royalties ▶			2,244,852.			2,244,852.	
	6a Gross rents	(i) Real	441,261.					
		(ii) Personal						
		b Less: rental expenses	86,242.					
		c Rental income or (loss)	355,019.					
	d Net rental income or (loss) ▶			355,019.			355,019.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	57,208,936.					
		(ii) Other						
		b Less: cost or other basis and sales expenses	55,917,892.	3,990.				
		c Gain or (loss)	1,291,044.	-3,990.				
	d Net gain or (loss) ▶			1,287,054.			1,287,054.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
	b Less: direct expenses b							
c Net income or (loss) from fundraising events ▶			0.					
9a Gross income from gaming activities. See Part IV, line 19 a								
b Less: direct expenses b								
c Net income or (loss) from gaming activities ▶			0.					
10a Gross sales of inventory, less returns and allowances a		1,126,705.						
	b Less: cost of goods sold b	694,732.						
	c Net income or (loss) from sales of inventory ▶			431,973.	86,774.	345,199.		
Miscellaneous Revenue			Business Code					
11a PARKING GARAGE FEES		812930	339,845.				339,845.	
b SPACE LICENSE FEES		900099	103,370.				103,370.	
c MISCELLANEOUS REVENUE		900004	121,185.				121,185.	
d All other revenue								
e Total. Add lines 11a-11d ▶			564,400.					
12 Total revenue. See instructions. ▶			218,018,393.	98,454,986.	20,593,662.		6,867,251.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	145,000.	145,000.		
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	6,238,547.	2,035,733.	3,989,550.	213,264.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	101,059,747.	81,357,212.	17,168,053.	2,534,482.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,961,779.	2,558,298.	1,975,864.	427,617.
9 Other employee benefits	8,367,035.	17,779,393.	-10,014,599.	602,241.
10 Payroll taxes	7,261,689.	45,189.	7,216,500.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	1,203,488.	18,461.	1,185,027.	
c Accounting	213,773.		213,773.	
d Lobbying	585,132.	585,132.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	104,901.		104,901.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,553,891.	-6,793,336.	19,115,076.	1,232,151.
12 Advertising and promotion	326,483.	124,122.	190,738.	11,623.
13 Office expenses	7,367,357.	2,308,290.	5,021,661.	37,406.
14 Information technology	477,412.	262,026.	215,386.	
15 Royalties	0.			
16 Occupancy	3,719,524.	11,690,473.	-8,324,127.	353,178.
17 Travel	5,515,214.	4,588,207.	667,505.	259,502.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,586,246.	437,212.	654,549.	494,485.
20 Interest	5,152,703.		5,152,703.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	10,543,169.	2,770,908.	7,772,261.	
23 Insurance	846,615.	842.	845,773.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONTENT ACQUISITION</u>	19,891,835.	19,661,435.	230,400.	
b <u>CORPORATE SPONSORSHIP</u>	10,567,076.			10,567,076.
c <u>EMPLOYEE DEVELOPMENT</u>	1,205,441.	704,193.	451,865.	49,383.
d <u>SATELLITE EQUIPMENT</u>	1,651,456.	1,651,456.		
e All other expenses	-753,042.	1,673,203.	-1,308,639.	-1,117,606.
25 Total functional expenses. Add lines 1 through 24e	211,792,471.	143,603,449.	52,524,220.	15,664,802.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	320,943.	1	309,851.
	2 Savings and temporary cash investments	10,336,780.	2	14,246,063.
	3 Pledges and grants receivable, net	8,716,380.	3	14,120,135.
	4 Accounts receivable, net	25,172,948.	4	25,587,001.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	1,384,840.	8	1,083,447.
	9 Prepaid expenses and deferred charges	2,121,282.	9	1,576,306.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 277,218,098.		
	b Less: accumulated depreciation	10b 58,098,822.	10c	
	11 Investments - publicly traded securities	60,995,071.	11	62,213,300.
	12 Investments - other securities. See Part IV, line 11	7,638,509.	12	6,928,721.
	13 Investments - program-related. See Part IV, line 11	2,013,187.	13	1,831,605.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	344,175,950.	16	347,015,705.	
Liabilities	17 Accounts payable and accrued expenses	24,648,601.	17	26,739,334.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	20,839,094.	19	20,955,864.
	20 Tax-exempt bond liabilities	168,669,952.	20	175,438,576.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	492,784.	23	250,299.
	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 Schedule D	2,000,000.	25	0.
	26 Total liabilities. Add lines 17 through 25	216,650,431.	26	223,384,073.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	114,331,969.	27	103,243,344.
	28 Temporarily restricted net assets	13,193,550.	28	20,388,288.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	127,525,519.	33	123,631,632.
34 Total liabilities and net assets/fund balances	344,175,950.	34	347,015,705.	

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	218,018,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	211,792,471.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,225,922.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	127,525,519.
5	Net unrealized gains (losses) on investments	5	1,435,508.
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	-11,555,317.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	123,631,632.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 69.23%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 67.45%; 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check 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.)

Section A. Public Support

Calendar 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 to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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 regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	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 .	11 c	

Section 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	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II 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	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (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	

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:			
a			
b			
c			
d From 2013			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c 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:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
GARAGE REVENUE	341,387.	358,360.	361,453.	334,070.	339,845.	1,735,115.
SPACE LICENSE FEES			225,999.	160,830.	103,370.	490,199.
OTHER REVENUE	64,600.	5,938.	48,435.	138,168.	121,185.	378,326.
TOTALS	<u>405,987.</u>	<u>364,298.</u>	<u>635,887.</u>	<u>633,068.</u>	<u>564,400.</u>	<u>2,603,640.</u>

PUBLIC INSPECTION COPY

Schedule of Contributors

2015

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

Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 19,224,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Name of organization NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

PUBLIC INSPECTION COPY

Name of organization NATIONAL PUBLIC RADIO, INC.

Employer identification number
52-0907625

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(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
_____	_____ _____	_____ _____	_____ _____

(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
_____	_____ _____	_____ _____	_____ _____

(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
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		582,064.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,068.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			585,132.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY: FORM 990, SCHEDULE C, PART II-B, LINE 1

NPR PROVIDES REPRESENTATION FOR THE PUBLIC RADIO SYSTEM, PUBLIC RADIO STATIONS, AND ITSELF WITH LEGISLATIVE AND REGULATORY ENTITIES IN WASHINGTON DC. IN FULFILLING THIS ROLE, NPR STAFF MET WITH MEMBERS OF CONGRESS AND THEIR STAFFS, COMMISSIONERS AND STAFF AT THE FEDERAL COMMUNICATIONS COMMISSION (FCC), AND OTHER FEDERAL POLICY MAKING DEPARTMENTS DURING THE YEAR. NPR'S CONTACT WITH THESE PARTIES RELATED TO ISSUES CONCERNING, BUT NOT LIMITED TO, APPROPRIATIONS FOR PUBLIC BROADCASTING PROVIDED BY CONGRESS THROUGH FUNDING FOR THE CORPORATION FOR PUBLIC BROADCASTING; H.R. 1546/S.1090, EMERGENCY INFORMATION IMPROVEMENT ACT OF 2015; NATIONAL PUBLIC ALERTING, WARNING AND DISASTER RELIEF LEGISLATION; H.R. 1471, FEMA DISASTER ASSISTANCE REFORM ACT OF 2015; H.R. 3300, FEMA REAUTHORIZATION ACT OF 2013; H.R. 4903/S. 2534, DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT OF 2015; H.R. 1733 FAIR PLAY FAIR PAY ACT OF 2015; CONGRESSIONAL HEARINGS ON REFORM OF EXISTING COPYRIGHT LAW; S. 2665, THE EMERGENCY INFORMATION IMPROVEMENT ACT OF 2014; PROCEEDINGS AT THE FCC THAT INVOLVED NET NEUTRALITY, MEDIA OWNERSHIP, AND OTHER MATTERS INVOLVING THE USE OF RADIO SPECTRUM FOR BROADCASTING. NPR ENGAGED A PROFESSIONAL SERVICES FIRM TO ASSIST WITH ITS REPRESENTATION ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

NATIONAL PUBLIC RADIO, INC.

52-0907625

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	296,837,867.	316,807,270.	291,435,476.	256,307,704.	237,462,208.
b Contributions	10,147.	664.	251,388.	17,952,610.	13,343.
c Net investment earnings, gains, and losses	21,038,416.	1,568,274.	36,919,179.	33,531,998.	29,690,146.
d Grants or scholarships					
e Other expenditures for facilities and programs	15,320,509.	20,535,218.	11,061,612.	15,647,095.	10,479,683.
f Administrative expenses	992,021.	1,003,123.	737,161.	709,741.	378,310.
g End of year balance	301,573,900.	296,837,867.	316,807,270.	291,435,476.	256,307,704.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 2.5800 %
 - b** Permanent endowment 70.9200 %
 - c** Temporarily restricted endowment 26.5000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		55,753,066.		55,753,066.
b Buildings		146,612,080.	15,382,699.	131,229,381.
c Leasehold improvements		4,041,703.	2,828,106.	1,213,597.
d Equipment		63,462,003.	36,760,851.	26,701,152.
e Other		7,349,243.	3,127,163.	4,222,080.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				219,119,276.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LINE OF CREDIT		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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

THE ENDOWMENT FUNDS THAT SUPPORT NPR ARE HELD AND ADMINISTERED BY A RELATED ORGANIZATION, NPR FOUNDATION (FOUNDATION). THE ENDOWMENT CONSISTS OF FIFTY-FIVE FUNDS ESTABLISHED BY DONORS FOR A VARIETY OF PURPOSES (E.G., NPR'S GENERAL MISSION AND OPERATIONS, JOURNALISTIC EXCELLENCE, DIGITAL INNOVATIONS/NEW TECHNOLOGIES, CULTURAL JOURNALISM, JAZZ JOURNALISM, SCIENCE JOURNALISM, AND THE OPERATIONS OF NPR'S FACILITIES).

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

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	3.	3.	PROGRAM SERVICES	NEWS AND INFORMATION	1,001,436.
(2) RUSSIA/INDEPENDENT STATES	1.	1.	PROGRAM SERVICES	NEWS AND INFORMATION	359,450.
(3) EUROPE	4.	4.	PROGRAM SERVICES	NEWS AND INFORMATION	1,179,899.
(4) MIDDLE EAST AND NORTH AFRICA	3.	3.	PROGRAM SERVICES	NEWS AND INFORMATION	1,107,182.
(5) NORTH AMERICA	1.	1.	PROGRAM SERVICES	NEWS AND INFORMATION	295,483.
(6) SOUTH AMERICA	1.	1.	PROGRAM SERVICES	NEWS AND INFORMATION	344,147.
(7) SOUTH ASIA	2.	2.	PROGRAM SERVICES	NEWS AND INFORMATION	727,988.
(8) SUB-SAHARAN AFRICA	2.	2.	PROGRAM SERVICES	NEWS AND INFORMATION	494,917.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	17.	17.			5,510,502.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	17.	17.			5,510,502.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" 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)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

PUBLIC INSPECTION COPY

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

PUBLIC INSPECTION COPY

Part V **Supplemental Information**

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

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

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

ACCOUNTING.

PUBLIC INSPECTION COPY

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (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
1 FELLOWSHIPS	6.	145,000.			
2					
3					
4					
5					
6					
7					

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

PROCEDURES FOR MONITORING: FORM 990, SCHEDULE I, PART I, LINE 2

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FELLOWSHIPS: FORM 990, SCHEDULE I, PART III

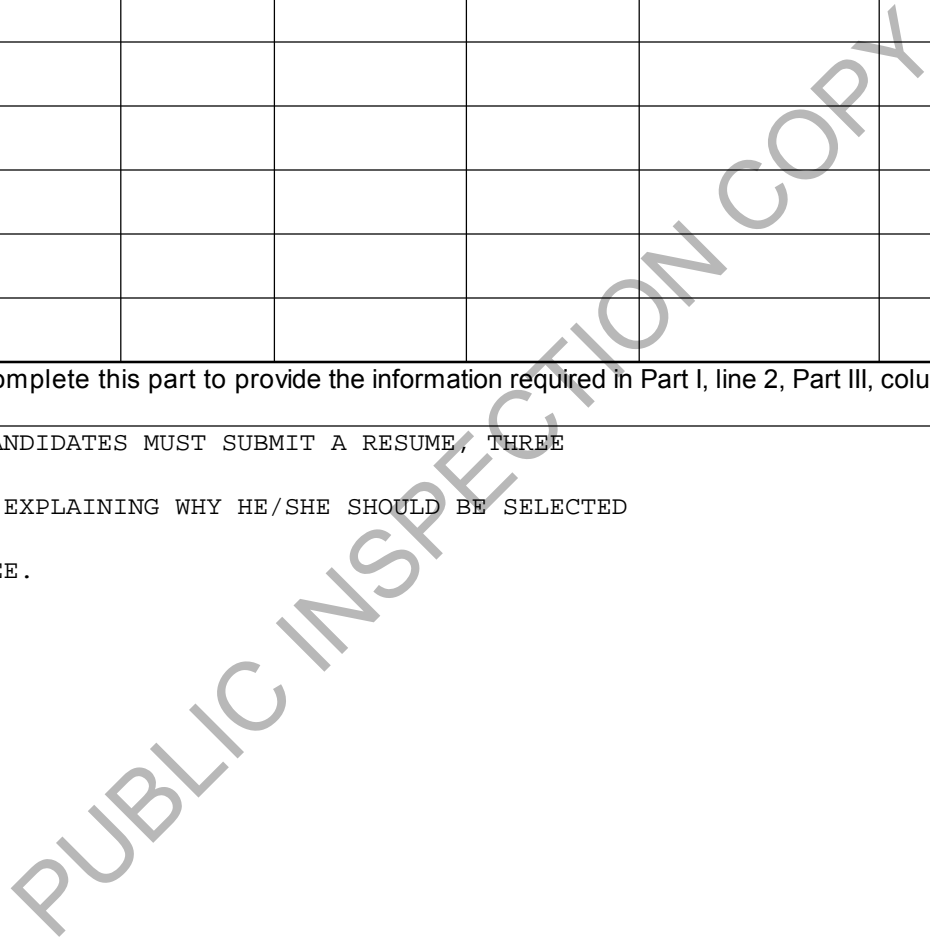
THE KROC FELLOWSHIP WAS ESTABLISHED TO IDENTIFY AND DEVELOP A NEW GENERATION OF EXTRAORDINARY JOURNALISTS FOR THE PUBLIC RADIO SYSTEM. NPR ACCEPTS SEVERAL FELLOWS EACH YEAR. THE FELLOWSHIP LASTS ONE YEAR AND INCLUDES A STIPEND PLUS BENEFITS. FELLOWS RECEIVE RIGOROUS, HANDS-ON-TRAINING IN EVERY ASPECT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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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



**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Compensation Information

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

- ▶ Complete if the organization answered "Yes" 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

2015

Open to Public Inspection

Employer identification number

52-0907625

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
 - b** Any related organization?
- 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:

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

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.

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.

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MOHN, JARL PRESIDENT & CEO	(i)	530,541.	0.	105.	0.	15,282.	545,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 BEACH, MICHAEL F. VP, DISTRIBUTION	(i)	248,358.	0.	49.	0.	19,983.	268,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 BRAND, ZACHARY J. VP, NPR DIGITAL MEDIA	(i)	260,600.	0.	49.	17,225.	20,193.	298,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CARRASCO, EMMA J. CMO & SR.VP AUDIENCE DEVELOPM.	(i)	317,613.	55,350.	45.	17,225.	15,380.	405,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 COWAN, DEBORAH A. CFO & TREASURER	(i)	269,004.	0.	18.	17,225.	10,307.	296,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 GARRISON, STANLEY M. VP, TECH OPS&BROADCAST ENGING	(i)	274,440.	0.	49.	17,225.	20,232.	311,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 HANSON, MONIQUE H. CHIEF DEVELOPMENT OFFICER	(i)	290,464.	55,350.	75.	17,225.	8,948.	372,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 HART, JONATHAN CLO, GC, SECRETARY	(i)	339,216.	90,000.	75.	0.	13,997.	443,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 HOOLEY, GEMMA VP, MEMBER PARTNERSHIP	(i)	204,635.	0.	24.	13,488.	8,995.	227,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 LANG, ELISABETH G. ASSISTANT TREASURER	(i)	178,664.	0.	49.	12,336.	19,681.	210,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MAYOR, LOREN A. COO, SR. VICE PRESIDENT	(i)	352,375.	0.	105.	17,225.	15,261.	384,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ORESKES, MICHAEL SVP NEWS, EDITORIAL DIRECTOR	(i)	217,219.	0.	6,611.	0.	9,985.	233,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 POWELL, MARJORIE VP, HUMAN RESOURCES	(i)	252,614.	0.	40.	0.	8,277.	260,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 RIKSEN, MICHAEL R. VP, POLICY & REPRESENTATION	(i)	249,099.	0.	37.	16,649.	16,860.	282,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 SHANAHAN, MICHELLE M. ASSISTANT SECRETARY	(i)	191,873.	5,000.	0.	12,488.	2,492.	211,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 TURPIN, CHRISTOPHER VP, NEWS PROGR., & OPERATIONS	(i)	254,197.	0.	49.	17,113.	20,190.	291,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILSON, KINSEY CHF CONTENT OFC,EVP TO 11/7/14	(i)	0.	0.	437,439.	0.	0.	437,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 WOODS, KEITH M. VP, DIVERSITY IN NEWS & OPS	(i)	230,518.	0.	0.	14,886.	1,512.	246,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 INSKEEP, STEVEN A. SR. HOST, MORNING EDITION	(i)	415,324.	15,447.	215.	18,550.	15,090.	464,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MONTAGNE, RENEE SR. HOST, MORNING EDITION CA	(i)	408,402.	0.	150.	18,550.	8,542.	435,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SIEGEL, ROBERT SR. HOST ATC	(i)	417,519.	0.	110.	18,550.	2,537.	438,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SIMON, SCOTT SR. HOST WE	(i)	391,401.	0.	215.	18,550.	15,282.	425,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 LOEWENSTEIN, PETER J. VP, DISTRIBUTION, TO 12/29/13	(i)	0.	0.	138,219.	0.	0.	138,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 STARLING, MICHAEL I. VP, EXEC. DIR., TO 1/11/14	(i)	0.	0.	135,899.	0.	0.	135,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 GRUNDMANN, ANYA VP, PROGRAMMING AND AUDIENCE D	(i)	243,265.	0.	18.	15,951.	10,173.	269,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 BLOCK, MELISSA SPECIAL CORRESPONDENT AND HOST	(i)	376,688.	0.	159.	18,550.	20,411.	415,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 KEMPF, ROBERT VP,DIGITAL SERVICES TO 9/28/15	(i)	192,853.	0.	22,432.	12,463.	1,756.	229,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 NUZUM, ERIC VP, PROGRAMMING TO 6/10/15	(i)	96,131.	0.	13,224.	6,592.	1,170.	117,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

OFFICER COMPENSATION: FORM 990, SCHEDULE J, PART I, LINE 4A

THE FOLLOWING EMPLOYEES RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR

2015:

LOEWENSTEIN, PETER J \$138,219

STARLING, MICHAEL I \$135,899

WILSON, KINSEY \$437,439

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

B(III).

PUBLIC INSPECTION COPY

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	2548396V0	04/07/2010	165,835,493.00	NPR HEADQUARTERS PROJECT	X			X		X
B DISTRICT OF COLUMBIA	53-6001131	25483VNX8	05/02/2013	88,716,473.00	PARTIAL REFUNDING OF 2010 BOND		X		X		X
C DISTRICT OF COLUMBIA	53-6001131	25483VRP1	05/12/2016	81,342,438.00	PARTIAL REFUNDING OF 2010 BOND		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased	170,058,021.00							
3 Total proceeds of issue	167,280,331.00	88,716,473.00	81,342,438.00					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds	13,164,951.00							
6 Proceeds in refunding escrows			82,083,943.00					
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	154,115,380.00							
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2013							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X		
15 Were the bonds issued as part of an advance refunding issue?		X	X		X			
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.3624 %		1.3624 %		1.3624 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	4.6780 %		4.6780 %		4.6780 %			
6 Total of lines 4 and 5	6.0404 %		6.0404 %		6.0404 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			X		X			
b Exception to rebate?								
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	03/31/2015							
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

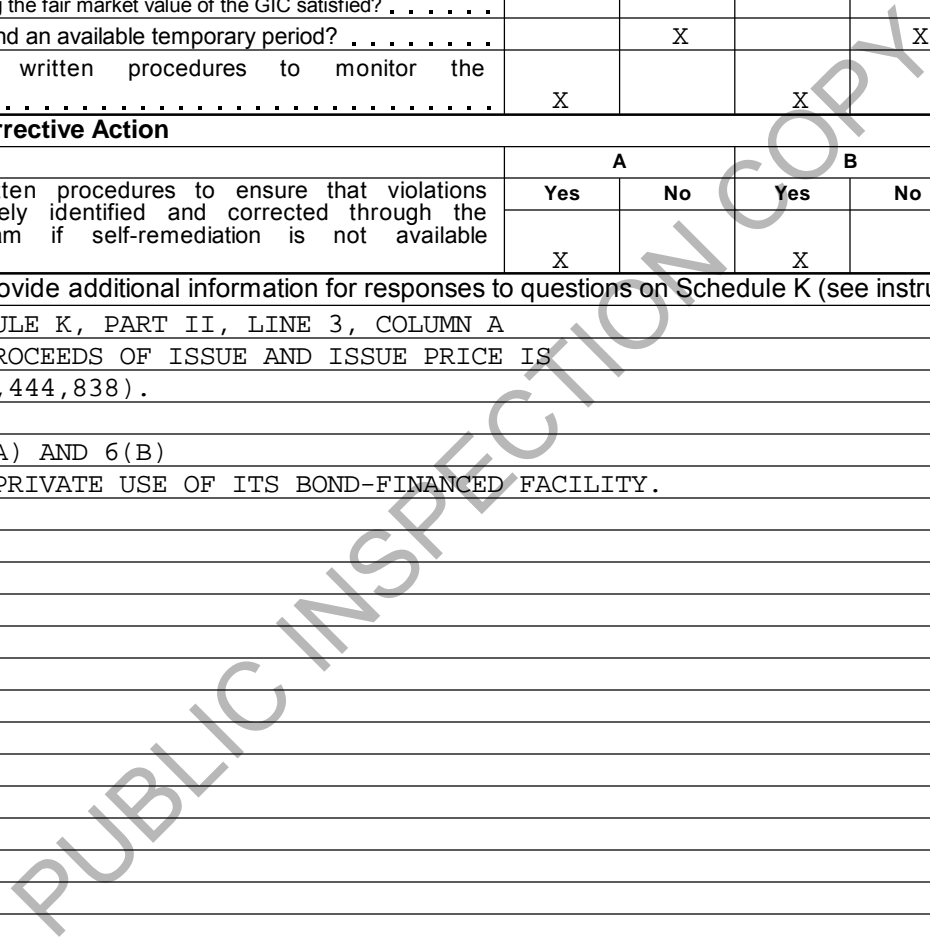
Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

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

TOTAL PROCEEDS OF ISSUE: SCHEDULE K, PART II, LINE 3, COLUMN A
 THE DIFFERENCE BETWEEN TOTAL PROCEEDS OF ISSUE AND ISSUE PRICE IS
 INVESTMENT EARNINGS (EQUALS \$1,444,838).

SCHEDULE K, PART III, LINES 6(A) AND 6(B)
 NPR IS CLOSELY MONITORING THE PRIVATE USE OF ITS BOND-FINANCED FACILITY.



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

PUBLIC INSPECTION COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

EXECUTIVE COMMITTEE: FORM 990, PART VI, LINE 1A

THE BOARD OF DIRECTORS SHALL HAVE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIRMAN, VICE-CHAIRMAN, PRESIDENT, AND THE CHAIRMAN OF EACH OF THE ADDITIONAL COMMITTEES DESIGNATED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL OVERSEE THE OPERATIONS AND ACTIVITIES OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD, INCLUDING HAVING AND EXERCISING THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL NOT AUTHORIZE DISTRIBUTIONS; APPROVE OR RECOMMEND TO MEMBERS DISSOLUTION, MERGER OR THE SALE, PLEDGE OR TRANSFER OF SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS; ELECT, APPOINT OR REMOVE DIRECTORS OR FILL VACANCIES ON THE BOARD OF DIRECTORS OR ON ANY OF ITS COMMITTEES; OR ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION.

MEMBERS OF THE ORGANIZATION: FORM 990, PART VI, LINE 6

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

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

OF THE 23 SEATS ON THE NPR BOARD OF DIRECTORS (BOARD), 12 SHALL BE

Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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ELECTED FROM THE AUTHORIZED STATION REPRESENTATIVES. AS A BENEFIT OF MEMBERSHIP, EACH MEMBER STATION MAY DESIGNATE, IN WRITING, ONE STATION REPRESENTATIVE (AUTHORIZED STATION REPRESENTATIVES) WHO MAY PARTICIPATE AND VOTE TO ELECT MEMBER DIRECTORS OF THE BOARD. EACH AUTHORIZED STATION REPRESENTATIVE SHALL VOTE AND ACT FOR THE MEMBER STATION IN ALL MATTERS ON WHICH MEMBER STATIONS' VOTE AFFECTS NPR. CERTAIN AMENDMENTS TO THE NPR BYLAWS MUST BE APPROVED BY THE MEMBERSHIP.

FORM 990 REVIEW PROCESS: FORM 990, PART VI, LINE 11B
THE RETURN IS PREPARED AND REVIEWED BY NPR'S FINANCE DEPARTMENT. IT IS ALSO REVIEWED BY NPR'S GENERAL COUNSEL'S OFFICE, KEY MEMBERS OF NPR'S LEADERSHIP, AND BY AN INDEPENDENT ACCOUNTING FIRM. THE FINAL VERSION IS MADE AVAILABLE TO ALL NPR DIRECTORS PRIOR TO FILING WITH THE IRS.

CONFLICTS OF INTEREST: FORM 990, PART VI, LINE 12C
NPR REGULARLY MONITORS AND SURVEYS DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST. NPR'S GENERAL COUNSEL IS AUTHORIZED TO SEEK INFORMATION FROM DIRECTORS, OFFICERS, AND KEY EMPLOYEES AS TO CONFLICTS OF INTEREST, NONPUBLIC CORPORATE INFORMATION, AND GRATUITIES AS HE OR SHE DEEMS APPROPRIATE, INCLUDING PERIODIC DISCLOSURE OF INFORMATION ABOUT THE INTERESTS WHICH COULD LEAD TO CONFLICTS OF INTEREST. IN REGARDS TO ACTUAL OR APPARENT CONFLICTS OF INTEREST, A DIRECTOR SHALL: 1) REFRAIN FROM ANY USE OF THEIR POSITION AS A DIRECTOR WHICH IS MOTIVATED BY, OR GIVES THE APPEARANCE OF BEING MOTIVATED BY, THE DESIRE FOR GAIN FOR THE DIRECTOR OR FOR ANOTHER PERSON OR ORGANIZATION WITH WHICH HE OR SHE IS ASSOCIATED; 2) DISQUALIFY

Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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HIMSELF/HERSELF FROM FORMAL OR INFORMAL DISCUSSIONS WITH DIRECTORS OR PARTICIPATION IN ANY DECISIONS WHICH POSE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST. IF SUCH DISQUALIFICATION IS NECESSARY, THE DIRECTOR SHALL INFORM THE CHAIR OF THE BOARD OF THAT DISQUALIFICATION, AND THE CHAIR SHALL AS SOON AS POSSIBLE THEREAFTER INFORM THE OTHER DIRECTORS AND NPR'S GENERAL COUNSEL OF SUCH DISQUALIFICATION. IF THERE IS ANY QUESTION AS TO WHETHER THERE IS A CONFLICT OF INTEREST, THE DIRECTOR SHALL REQUEST A WRITTEN OPINION FROM NPR'S GENERAL COUNSEL REGARDING THE PROPRIETY OF THE DIRECTOR'S INVOLVEMENT. AFTER CONSULTING WITH NPR'S GENERAL COUNSEL, THE CHAIR OF THE BOARD SHALL MOVE THAT THE BOARD VOTE SUCH CORRECTIVE ACTIONS AS MAY BE NECESSARY OR APPROPRIATE TO REMEDY ANY VIOLATION OF THE CONFLICT OF INTEREST POLICY FOR NPR DIRECTORS AS DETERMINED BY THE BOARD. SUCH MOTION SHALL BE MADE AT THE CHAIR'S INITIATIVE OR AT THE REQUEST OF ANY DIRECTOR. CONFLICTS OF INTEREST INVOLVING OFFICERS AND KEY EMPLOYEES OTHER THAN DIRECTORS ARE ADDRESSED IN A SIMILAR MANNER.

DETERMINING COMPENSATION: FORM 990, PART VI, LINE 15
NPR SEEKS TO ENSURE THAT COMPENSATION IS REASONABLE UNDER SECTION 4958 AND REPRESENTS THE FAIR MARKET VALUE FOR SERVICES RENDERED. NPR ROUTINELY UTILIZES BENCHMARK STUDIES AND INDEPENDENT REVIEW OF MARKET COMPENSATION DATA FROM BOTH NONPROFIT AND MEDIA ORGANIZATIONS, PREPARED BY COMPENSATION CONSULTANTS, AT THE TIME OF EMPLOYEE HIRING OR WHEN SPECIAL COMPENSATION ADJUSTMENTS ARE AWARDED. NPR SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST UNDER NPR'S CONFLICT OF INTEREST POLICY IS PERMITTED TO

Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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PARTICIPATE IN THE COMPENSATION REVIEW OR DECISION MAKING PROCESS. NPR MAINTAINS ALL RECORDS REGARDING COMPENSATION DECISIONS.

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

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

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

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

AUDITED FINANCIAL STATEMENTS AND FORMS 990 AND 990-T 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.

OTHER CHANGES IN NET ASSETS: FORM 990, PART XI, LINE 9

ANNUAL SUPPORT DISTRIBUTION (1,667,883)

NPM REVENUE, ADJ TO TAX BASIS 179,502

LOSS ON EXTINGUISHMENT OF DEBT (9,801,628)

OTHER (265,308)

TOTAL OTHER CHANGES IN NET ASSETS (11,555,317)

Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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ATTACHMENT 1

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

NPR WORKS IN PARTNERSHIP WITH MEMBER STATIONS TO CREATE A MORE INFORMED PUBLIC - ONE CHALLENGED AND INVIGORATED BY A DEEPER UNDERSTANDING AND APPRECIATION OF EVENTS, IDEAS, AND CULTURES. TO ACCOMPLISH THIS MISSION, NPR PRODUCES, ACQUIRES, AND DISTRIBUTES PROGRAMMING THAT MEETS THE HIGHEST STANDARDS OF PUBLIC SERVICE IN JOURNALISM AND CULTURAL EXPRESSION; NPR REPRESENTS ITS MEMBERS IN MATTERS OF MUTUAL INTEREST; AND NPR PROVIDES SATELLITE AND INTERNET INTERCONNECTION FOR THE ENTIRE PUBLIC RADIO SYSTEM.

ATTACHMENT 2

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

NEWS AND INFORMATION, PROGRAMMING, AND ENGINEERING - NPR IS AN INTERNATIONALLY RECOGNIZED PRODUCER AND DISTRIBUTOR OF NEWS, DIGITAL MEDIA, PROGRAMMING, AND AN INDUSTRY LEADER IN SOUND GATHERING AND AUDIO PRODUCTION. DURING THIS FISCAL YEAR, NPR'S BROADCAST PROGRAMMING REACHED A WEEKLY AUDIENCE OF OVER 28 MILLION PEOPLE. ALL OF NPR STATION TRANSMISSION COVERS 95% OF THE U.S. POPULATION AND REACHES OVER 36 MILLION LISTENERS WEEKLY. NPR PRODUCES AND/OR DISTRIBUTES 26 NEWS, TALK, MUSIC AND ENTERTAINMENT BROADCAST PROGRAMS, AND 21 PODCAST-ONLY PROGRAMS (APPROXIMATELY 3.2 MILLION AVERAGE UNIQUE WEEKLY USERS OF NPR-PRODUCED PODCAST PROGRAMS) AND 9.3 MILLION UNIQUE VISITORS TO NPR.ORG WEEKLY, MARKING AN INCREASE OVER THE PAST YEAR OF 46% FOR PODCASTS AND 27% FOR NPR.ORG. ADDITIONALLY, NPR PROGRAMMING IS HEARD ON SATELLITE RADIO, HD RADIO, ITUNES RADIO, ON MEMBER STATION WEB STREAMS, AND

Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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ATTACHMENT 2 (CONT'D)

INTERNATIONALLY. NPR ALSO BROADCASTS ITS PROGRAMMING TO THE U.S. MILITARY AND THEIR FAMILIES THROUGH THE ARMED FORCES RADIO NETWORK AND OTHER INTERNATIONAL SERVICES. SOME PROGRAMS PRODUCED AND/OR DISTRIBUTED BY NPR INCLUDE: MORNING EDITION, ALL THINGS CONSIDERED, WEEKEND EDITION, FRESH AIR, THE TED RADIO HOUR, ASK ME ANOTHER, THE DIANE REHM SHOW, THE BEST OF CAR TALK, WAIT WAIT...DON'T TELL ME!, HERE & NOW, INVISIBILIA, AND NPR NEWSCASTS 24 HOURS A DAY.

NPR'S DIGITAL MEDIA DIVISION EXPANDS NPR'S PUBLIC SERVICE BY OFFERING NPR CONTENT FREE OF CHARGE ON THE WEB, MOBILE DEVICES, AND OTHER EMERGING DIGITAL PLATFORMS. MONTHLY, NPR'S DIGITAL PLATFORMS ACCOUNT FOR APPROXIMATELY 41 MILLION UNIQUE VISITORS AND 190 MILLION SESSIONS. CONTENT INCLUDES REAL-TIME NEWS REPORTS, LIVE STREAMS, AND ON-DEMAND DOWNLOADS OF NPR AND MEMBER STATION AUDIO, ARCHIVAL AUDIO SPANNING MORE THAN A DECADE, ORIGINAL FEATURE STORIES, ADDITIONAL INFORMATION AND INSIGHT INTO REPORTS AIRING ON NPR PROGRAMS, COMMENTARY, AND CONTENT EXCLUSIVE TO THE INTERNET. SOME OF THE DIVISION'S PROJECTS THIS YEAR INCLUDED OVERHAULING PUBLISHING INFRASTRUCTURE AND THE WEB AUDIO PLAYER, BETTER FEATURING MEMBER STATIONS IN EMAIL NEWSLETTERS, AND FEATURING MORE STATION CONTENT IN NPR ONE (A PERSONALIZED AUDIO PLATFORM THAT LAUNCHED IN JULY 2014). IN COLLABORATION WITH NPR MUSIC, DIGITAL MEDIA ALSO LAUNCHED A NEW MICROSITE FOR THE "TINY DESK CONTEST," FEATURING AMATEUR MUSICIANS FROM ACROSS THE

Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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ATTACHMENT 2 (CONT'D)

U.S. AND CONNECTING THEM TO THEIR LOCAL NPR MUSIC STATIONS.

NPR'S DIGITAL SERVICES DIVISION WORKS WITH PUBLIC BROADCAST STATIONS TO GROW AND ENGAGE AUDIENCES ACROSS PLATFORMS BY PROVIDING CONTENT, TECHNOLOGY, AND BUSINESS SUPPORT, WHICH ALLOWS STATIONS TO FOCUS ON MISSION-DERIVED LOCAL CONTENT, BRAND POSITIONING, AND REVENUE DEVELOPMENT. SOME OF THE DIVISION'S PROJECTS THIS YEAR INCLUDED REPLACING AN EVENTS MANAGEMENT PRODUCT, STABILIZING PLATFORMS, MIGRATING THE STREAMING SERVICE TO A NEW PROVIDER, ADDING PROGRAM-LEVEL REPORTING TO OUR ON-DEMAND AUDIO MEASUREMENT SERVICE, AND BUILDING OUT TOOLS TO SUPPORT AND ENHANCE STATION COLLABORATION WITH NPR'S DIGITAL MEDIA DIVISION.

ATTACHMENT 3

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

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

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

ATTACHMENT 3 (CONT'D)

OPERATIONS OF THE PRSS ARE SUPPORTED BY THE FEES PAID BY BOTH PUBLIC AND COMMERCIAL CLIENTS FOR THEIR USE OF THE PRSS.

ATTACHMENT 4

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

ON SEPTEMBER 30, 2016, NPR'S MEMBERSHIP CONSISTED OF 264 NON-COMMERCIAL BROADCAST ORGANIZATION LICENSEES OPERATING A NETWORK OF HUNDREDS OF ASSOCIATED PUBLIC RADIO STATIONS. WHEN 88 NON-MEMBER PUBLIC RADIO ENTITIES AND THEIR ASSOCIATES ARE ALSO INCLUDED, A GRAND TOTAL OF 1,073 PUBLIC RADIO STATIONS BROADCAST PROGRAMMING LICENSED FROM NPR. NPR MEMBER ORGANIZATIONS INCLUDE LONG ESTABLISHED, HIGHLY REGARDED EDUCATIONAL INSTITUTIONS, INCLUDING MANY TOP PUBLIC AND PRIVATE COLLEGES AND UNIVERSITIES, AS WELL AS SOME OF THE LARGEST, MOST INFLUENTIAL STATION-BASED PUBLIC MEDIA ORGANIZATIONS IN THE U.S. NPR'S FINANCIAL AND ORGANIZATIONAL STRENGTH DERIVES IN SIGNIFICANT MEASURE FROM THE STRENGTH OF ITS MEMBERS AND THE NPR MEMBER NETWORK AS A WHOLE. NPR SERVES AND COLLABORATES WITH MEMBER STATIONS IN NEWSGATHERING AND REPORTING, PROGRAM DEVELOPMENT, CULTURAL EVENTS AND PROGRAMMING, FUNDRAISING, RADIO AND DIGITAL DISTRIBUTION, AND REPRESENTATION ON ISSUES.

ATTACHMENT 5

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
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Name of the organization NATIONAL PUBLIC RADIO, INC.	Employer identification number 52-0907625
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ATTACHMENT 5 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CONSUMER PRODUCTS		930,963.	86,774.
TOTALS		<u>930,963.</u>	<u>86,774.</u>

ATTACHMENT 6

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

GERMANY

RUSSIA

ATTACHMENT 7

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 8

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WHYY INC 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106	ACQUIRED PROGRAMS	3,631,250.
TAPPET BROTHERS LLC 5 JOHN F. KENNEDY STREET, STE 304 CAMBRIDGE, MA 02138	ACQUIRED PROGRAMS	2,452,500.
DTZ, INC. 275 GROVE STREET, SUITE 3-200 AUBURNDALE, MA 02466	JANITORIAL SERVICES	1,638,783.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ADMIRAL SECURITY SERVICES P.O. BOX 79776 BALTIMORE, MD 21279	SECURITY SERVICES	1,062,038.
AKAMAI TECHNOLOGIES, INC. PO BOX 26590 NEW YORK, NY 10087-6590	WEBHOSTING SERVICES	907,576.

PUBLIC INSPECTION COPY

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

NATIONAL PUBLIC RADIO, INC.

Employer identification number

52-0907625

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

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

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NPR FOUNDATION 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002 52-1795789	GENERAL SUPPT	DC	501(C)(3)	509(A)(3)	NPR, INC.	X	
(2) NPR MEDIA BERLIN GGMBH KURFURSTENDAMM 32 BERLIN, GM 10719 98-0687520	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

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	(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	
(1) NAT'L PUBLIC MEDIA 26-1156765 156 W 56 ST NEW YORK, NY 10019	MEDIA UNDERWRITIN	NY	NPR, INC.	RELATED	10,922,616.	11,103,063.		X	-361,086.			72.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" 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)	(d) Direct controlling entity	(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)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note. 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL PUBLIC MEDIA, LLC	A	225,628.	FMV
(2) NPR FOUNDATION	C	19,224,058.	FMV
(3) NATIONAL PUBLIC MEDIA, LLC	N	1,117,605.	FMV
(4) NPR FOUNDATION	O	65,744.	FMV
(5) NATIONAL PUBLIC MEDIA, LLC	P	10,567,077.	FMV
(6) NPR MEDIA BERLIN GGMBH	P	180,114.	FMV

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

Note. 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NPR FOUNDATION	Q	719,161.	FMV
(2)	NATIONAL PUBLIC MEDIA, LLC	R	930,894.	FMV
(3)				
(4)				
(5)				
(6)				

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

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

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

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Part VII **Supplemental Information**

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

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