

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 10/1/2006, and ending 9/30/2007

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization: **NPR Foundation**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **52-1795789**
635 Massachusetts Avenue, NW
 City or town State or country ZIP + 4: **Washington DC 20001**
20001

D Employer identification number: **52-1795789**

E Telephone number: **202-513-2000**

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____

G Website: **www.NPR.Org**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **48,826,883**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? ☐ Yes ☐ No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number _____

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		0
	b	Direct public support (not included on line 1a)	1b	4,618,211	
	c	Indirect public support (not included on line 1a)	1c	0	
	d	Government contributions (grants) (not included on line 1a)	1d	0	
	e	Total (add lines 1a through 1d) (cash \$ 4,379,384 noncash \$ 238,827)	1e		4,618,211
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
	3	Membership dues and assessments	3		0
	4	Interest on savings and temporary cash investments	4		32,475
	5	Dividends and interest from securities	5		7,701,935
Expenses	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c		0
	7	Other investment income (describe _____)	7		0
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	0
	b	Less: cost or other basis and sales expenses	36,407,882	8b	0
	c	Gain or (loss) (attach schedule) See Stmt 1	34,628,851	8c	0
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	1,779,031	8d	1,779,031
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	0	
Net Assets	b	Less: direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		0
	10a	Gross sales of inventory, less returns and allowances	10a	0	
	b	Less: cost of goods sold	10b	0	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		0
	11	Other revenue (from Part VII, line 103)	11		66,380
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		14,198,032
	13	Program services (from line 44, column (B))	13		11,160,950
	14	Management and general (from line 44, column (C))	14		1,403,965
	15	Fundraising (from line 44, column (D))	15		986,948
Net Assets	16	Payments to affiliates (attach schedule)	16		0
	17	Total expenses. Add lines 16 and 44, column (A)	17		13,551,863
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		646,169
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		261,540,162
	20	Other changes in net assets or fund balances (attach explanation) See Stmt 2	20		33,615,816
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		295,802,147

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	NPR Foundation		52-1795789
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	635 Massachusetts Avenue, NW		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	Washington DC 20001		

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

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of **National Public Radio, Inc.**
 Telephone No. **202-513-2000** FAX No. **202-513-3044**
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box. ☐ If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **8/15/2008**
- 5 For calendar year _____, or other tax year beginning **10/1/2006**, and ending **9/30/2007**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **More time is requested to acquire all information needed to complete and file an accurate return.**

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0

Signature and Verification

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

Signature **James S. S. S.** Title **VP of Finance Administration & CFO**Date **8/1/08****Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	NPR Foundation	52-1795789
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	635 Massachusetts Avenue, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Washington, DC 20001-3753	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► National Public Radio, Inc

Telephone No. ► 202 513-2000

FAX No. ► 202-513-3044

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 5/15/2008 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year or
- ☒ tax year beginning 10/1/2006, and ending 9/30/2007

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

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

(HTA)

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b	Other grants and allocations See Stmt 3 (cash \$ <u>11,160,950</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 11,160,950	11,160,950		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 252,589	0	0	252,589
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	
26	Salaries and wages of employees not included on lines 25a, b, and c	26 309,515			309,515
27	Pension plan contributions not included on lines 25a, b, and c	27 41,162			41,162
28	Employee benefits not included on lines 25a – 27	28 44,897			44,897
29	Payroll taxes	29 38,074			38,074
30	Professional fundraising fees	30 0			
31	Accounting fees	31 54,999		54,999	
32	Legal fees	32 0			
33	Supplies	33 3,563			3,563
34	Telephone	34 1,073		119	954
35	Postage and shipping	35 6,253			6,253
36	Occupancy	36 205,940		141,929	64,011
37	Equipment rental and maintenance	37 0			
38	Printing and publications	38 8,055			8,055
39	Travel	39 59,865			59,865
40	Conferences, conventions, and meetings	40 153,494			153,494
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 0	0	0	0
43	Other expenses not covered above (itemize):				
a	Professional Services	43a 2,902	0	2,902	0
b	Promotions	43b 4,516	0	0	4,516
c	Miscellaneous	43c 2,126	0	2,126	0
d	Bad Debt Expense	43d 96,150	0	96,150	0
e	Investment Fees	43e 1,105,740	0	1,105,740	0
f		43f	0		0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 13,551,863	11,160,950	1,403,965	986,948

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ 0; (iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 0

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

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

What is the organization's primary exempt purpose? ▶ See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a See Statement 4

(Grants and allocations \$ 11,160,950) If this amount includes foreign grants, check here ▶ ☐

11,160,950

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ▶ ☐

0

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

11,160,950

Form **990** (2006)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	2,765,398	46	1,603,646	
	47 a Accounts receivable	47a 0			
	b Less: allowance for doubtful accounts	47b 0	0	47c 0	
	48 a Pledges receivable	48a 1,342,699			
	b Less: allowance for doubtful accounts	48b 24,633	969,637	48c 1,318,066	
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0			
	b Less: allowance for doubtful accounts	51b 0	0	51c 0	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		4,946	53 0	
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a 0	
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		258,029,095	54b 293,511,286	
	55 a Investments—land, buildings, and equipment: basis	55a 0			
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0	
	56 Investments—other (attach schedule)		0	56 0	
	57 a Land, buildings, and equipment: basis	57a 0			
	b Less: accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		0	58 0		
59 Total assets (must equal line 74). Add lines 45 through 58		261,769,076	59	296,432,998	
Liabilities	60 Accounts payable and accrued expenses		29,025	60 17,399	
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0	
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a 0	
	b Mortgages and other notes payable (attach schedule)		0	64b 0	
	65 Other liabilities (describe <input type="checkbox"/> Intercompany Payable)		199,889	65	613,452
66 Total liabilities. Add lines 60 through 65		228,914	66	630,851	
Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		65,498,183	67 99,199,936	
	68 Temporarily restricted		683,354	68 1,156,370	
	69 Permanently restricted		195,358,625	69 195,445,841	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		0	70 0	
	71 Paid-in or capital surplus, or land, building, and equipment fund		0	71 0	
	72 Retained earnings, endowment, accumulated income, or other funds		0	72 0	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		261,540,162	73	295,802,147
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		261,769,076	74	296,432,998

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	46,708,108
Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	33,615,816
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>Reclassification of Investment Fees</u>	b4	-1,105,740
Add lines b1 through b4		b	32,510,076
c	Subtract line b from line a	c	14,198,032
d Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d	e	14,198,032

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	12,446,123
b Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	0
c	Subtract line b from line a	c	12,446,123
d Amounts included on Part I, line 17, but not on line a:			
Investment expenses not included on Part I, line 6b		d1	
Other (specify): <u>Reclassification of Investment Fees</u>		d2	1,105,740
Add lines d1 and d2		d	1,105,740
e	Total expenses (Part I, line 17). Add lines c and d	e	13,551,863

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>Annie Davis</u> <u>635 Mass. Ave.</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20001</u>	Title <u>Vice President</u> Hr/WK <u>11 hrs</u>	<u>11,552</u>	<u>430</u>	<u>0</u>
Name <u>Michael Vann</u> <u>Str 635 Mass. Ave.</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20001</u>	Title <u>Secretary</u> Hr/WK <u>23 hrs</u>	<u>39,189</u>	<u>8,361</u>	<u>0</u>
Name <u>Woodward Wickham</u> <u>Str 635 Mass Ave</u> City <u>Washington</u> ST <u>DC</u> ZIP <u>20001</u>	Title <u>Interim Exec</u> Hr/WK <u>20</u>	<u>40,000</u>	<u>0</u>	<u>0</u>
Name <u>Kevin Klose</u> <u>Str 635 Mass Ave</u> City <u>Washington</u> ST <u>DC</u> ZIP	Title <u>Ex Officio</u> Hr/WK <u>10</u>	<u>90,679</u>	<u>60,696</u>	<u>1,682</u>
Name <u>See Stmt 6</u> <u>Str</u> City <u></u> ST <u></u> ZIP <u></u>	Title Hr/WK	<u>None</u>	<u>None</u>	<u>None</u>
Name <u>N/A</u> <u>Str</u> City <u></u> ST <u></u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> <u>Str</u> City <u></u> ST <u></u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> <u>Str</u> City <u></u> ST <u></u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> <u>Str</u> City <u></u> ST <u></u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> <u>Str</u> City <u></u> ST <u></u> ZIP <u></u>	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 55		
Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." See Statement 7	75c	X
If "Yes," attach a statement that includes the information described in the instructions.		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				
Name N/A _____ Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ► National Public Radio, Inc. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	None
81 Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	None
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b None		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A	
a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 None; section 4912 None; section 4955 None		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	None	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	None	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	CA, DC	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b NONE	
91 a	The books are in care of Name National Public Radio, Inc. Telephone no. 202-513-2000 Located at 635 Massachusetts Ave., NW City Washington ST DC ZIP + 4 20001-3753		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

X

If "Yes," enter the name of the foreign country ▶

j2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here ▶ ☐and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** N/A**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	32,475	
96 Dividends and interest from securities			14	7,701,934	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,779,031	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a		0		0	0
b Conference Registration		0	03	66,380	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		9,579,820	0
105 Total (add line 104, columns (B), (D), and (E))					9,579,820

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI

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

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

Yes	No
N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

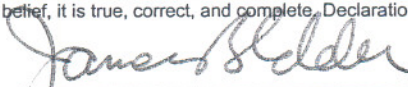
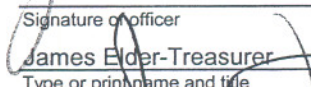
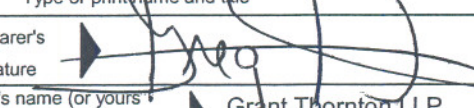
107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

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

Yes	No
N/A	

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		7/8/08 Date		
Paid Preparer's Use Only	 James Elder-Treasurer Type or print name and title				
	Preparer's signature 	Date 6/20/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 Grant Thornton LLP 2010 Corporate Ridge, Suite 400 McLean, VA 22102		EIN	Phone no. 703-847-7500	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

NPR Foundation

Employer identification number

52-1795789

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Michelle Moga 635 Massachusetts Ave., Washington, DC 20001	Dir. of NPR Fund & Major gifts 31 hrs	92,625	15,121	None
Kara Barnes 635 Massachusetts Ave., Washington, DC 20001	Mgr. of Major gifts 31 hrs	63,417	4,459	None
Carrie C. Roberts 635 Massachusetts Ave., Washington, DC 20001	Mgr. of Major gifts 32 hrs	53,294	4,458	None
Total number of other employees paid over \$50,000		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
LarsonAllen LLP PO Box 643637 Cincinnati, OH 45264	Accounting Consultants	54,999
Total number of others receiving over \$50,000 for professional services		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		0

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

Schedule A (Form 990 or 990-EZ) 2006

(HTA)

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ None (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

See Statement 8

e Transfer of any part of its income or assets?

2e X

a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year ►

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►

None

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►

None

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
National Public Radio, Inc.	52-0907625	11a	X		13,551,863
Total					13,551,863

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 0
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					
22 _____ 26b _____ ▶					26d 0
e Public support (line 26c minus line 26d total) ▶					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 0.00%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ N/A _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____ ▶					27c 0
d Add: Line 27a total _____ and line 27b total _____ ▶					27d 0
e Public support (line 27c total minus line 27d total) ▶					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

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

		Yes	No
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☒ **a** ☐ if the organization belongs to an affiliated group. Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (Add lines c through h.)
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0

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Statement 1: Sales of Assets Other than Inventory -- Investments

Page 1, Part I, Line 8d, Column A

Gross sales of investments	\$36,407,882
Cost	<u>34,628,851</u>
Realized Gain on sale	<u><u>\$1,779,031</u></u>

Statement 2: Other Changes in Net Assets

Page 1, Part I, Line 20

During FY 2007, NPR Foundation had an unrealized gain on investments of \$33,615,816.

Statement 3: Grants and Allocations

Page 2, Part II, Line 22(b)

Contribution to National Public Radio, Inc., a 501(c)(3) organization	\$11,160,950
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Statement 4: Primary Exempt Purpose

Page 3, Part III

The NPR Foundation, an affiliated organization of National Public Radio, Inc. (NPR), was founded with the purpose of raising charitable contributions for the benefit of NPR, disbursing funds to NPR for the operation, promotion, development, capital expansion, and other valid purposes of NPR, and conducting fundraising efforts and engaging in related activities for the benefit of NPR.

In fiscal year 2007, the NPR Foundation contributed \$11,160,950 to NPR.

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Statement 5: Investments - Securities
Page 4, Part IV, Line 54

<u>Description</u>	<u>Beginning of Year</u>	<u>End of the Year</u>
Equities	119,117,420	145,446,287
Fixed income	84,272,651	59,463,136
Money market funds	1,179,578	3,058,236
Alternative investments and private equities:		
Hedge Funds	40,256,775	63,250,929
Real Estate	12,854,666	19,548,917
Private equities	348,005	2,743,781
	<hr/>	<hr/>
Total	<u>\$ 258,029,095</u>	<u>\$ 293,511,286</u>

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Statement 6

Note: Those listed below served as a trustee or an officer during FY 2007, the trustees were not compensated, and most attended four scheduled board meetings during the year. All directors may be contacted at the following address:
635 Massachusetts Avenue, N.W., Washington, D.C., 20001-3753.

Arthur G. Altschul, Jr.
Ann Avis
Connie Ballmer
Henry E. Catto
Yvette Dubinsky
Tim Eby- Ex Officio Trustee 2006
Thomas S. Foster
Harriet Gold
James M. Grant
Daniel B. Greenberg
Peter N. Heydon
Stephen A. Hopkins
Patsy Ishiyama
Jane Frank Katcher
Jeffrey L. Kenner
Jonathan W. Kutchins
Lowell H. Lebermann, Jr
Elaine Lindley LeBuhn
John N. Lilly
Anne Mai
Joseph C. McNay
Robert M. Montgomery Jr.
Mariam Muscarolas
Barbara Linhart
John A. Hermann
Paul M. Ginsburg
William J. Poorvu
James Elder

Patricia Papper
Norman S. Portenoy
Lee Ramer
Richard Rampell
Lee Wright Rolfe
Nancy S. Sanders
Murray Sinclair
Camilla Smith
Judith Z. Steinberg
Fredericka Stevenson
Bernie D. L. Strom
Roselyn C. Swig
Lynn C. Todman, PH.D
Bryan Traubert
Antoine W. van Agtmael
Diane Wolf
Dean V. Ambrose
Sandra S. Pressman
Sukey R. Garcetti
Carolyn S. Bucksbaum
Stuart E. Lucas

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Statement 7: Compensation from Related Organizations
Page 6 , Part V-A, Line 75c

Related organization providing compensation: **National Public Radio, Inc.**

Note: This schedule is prepared in accordance with IRS guidelines, which require deferred and other awarded compensation to be reported both in the year it is earned and the year it is disbursed to an individual. Thus, some amounts reflected in column D below will be reflected again in column C in subsequent years.

(A) Name and Address	(C) Compensation (if not paid, enter \$0)	(D) Contributions to Employee Benefit Plans	(E) Expense Account and Other Allowances
Kevin Klose 635 Massachusetts Avenue, N.W. Washington, D.C. 20001-3753	279,147	186,847	5,177
James B. Elder 635 Massachusetts Avenue, N.W. Washington, D.C. 20001-3753	185,402	30,938	0
Woodward Wickham 635 Massachusetts Avenue, N.W. Washington, D.C. 20001-3753	60,000	0	0
Michael Vann 635 Massachusetts Avenue, N.W. Washington, D.C. 20001-3753	28,997	6,054	0
Michelle Moga 635 Massachusetts Avenue, N.W. Washington, D.C. 20001-3753	24,049	3,926	0
Kara Barnes 635 Massachusetts Avenue, N.W. Washington, D.C. 20001-3753	16,996	1,195	0
Carrie C. Roberts 635 Massachusetts Avenue, N.W. Washington, D.C. 20001-3753	13,268	1,110	0
Total	\$607,860	\$230,070	\$5,177

Note: All NPR executives have been supplied with technology devices for business purposes; including PDA devices. Any personal use is infrequent and incidental; therefore is not considered a taxable or nontaxable benefit. No value has been assigned to these devices in the above schedule.

Schedule A, Part II-A

Compensation from Related Organizations Independent Contractors

Related organization providing compensation: **National Public Radio, Inc.**

Name and Address	Type of Service	Compensation
LarsonAllen LLP PO Box 643637 Cincinnati, OH 45264	Accounting Consultants	\$89,453

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Statement 8: Reimbursement of Expenses
Schedule A, Page 2, Part III, Line 2d

CERTAIN OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES RECEIVE COMPENSATION AND BENEFITS.
SEE FORM 990, PART V. UNDER THE ACCOUNTABLE PLAN RULES, THE ORGANIZATION ALSO PROVIDES
REIMBURSEMENTS FOR REASONABLE AND NECESSARY BUSINESS EXPENSES INCURRED BY ITS OFFICERS,
DIRECTORS, TRUSTEES, AND KEY EMPLOYEES.