NATIONAL PUBLIC RADIO, INC. 2016 FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX PUBLIC INSPECTION COPY FISCAL YEAR ENDED 09/30/2017 FISCAL YEAR ENDED 09/30/2017

Return of Organization Exempt From Income Tax

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. ww.irs.gov/form990.

Department of the Treasury Internal Revenue Service

▶	Information	about Form	990 and its	instructions is	s at w
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Ā	For	the 2016 calendar year, or tax year beginning 10/01, 2016, and	ending		09/30, 20 17
-		C Name of organization		D Employer ident	
В	Checki	appScable: NATIONAL PUBLIC RADIO, INC.		52-0907	625
		dress Inge Doing business as NPR	the sec	1	
Ĩ			/suite	E Telephone num	ber
F	Init	ial return 1111 NORTH CAPITOL STREET, NE		(202) 513	-2000
		Streture/ City or town, state or province, country, and ZIP or foreign postal code			
F		onded WASHINGTON, DC 20002		G Gross receipts \$	282,136,295
	App	inication F Name and address of principal officer. JARL MOHN		H(a) is this a group	ALCONO, CONTRACTOR OF THE OWNER OWNER OF THE OWNER
	P41	1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 2	20002	Subordinates? H(b) Are all subordina	ates included? Yes No
1	Tax-e	exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		a list. (see instructions)
J	Webs	site: > WWW.NPR.ORG		H(c) Group exempli	
ĸ	Form	of organization: X Corporation Trust Association Other ►	Year of format	and the second sec	tate of legal domicile: DC
	art I				ale of legal dominile. Do
		Briefly describe the organization's mission or most significant activities: NPR WORKS	IN PART	NERSHTP WT	TH MEMBER
ىە		STATIONS TO CREATE A MORE INFORMED PUBLIC - ONE CHA			
anc		INVIGORATED BY A DEEPER UNDERSTANDING OF EVENTS, ID			
ern	2	Check this box		and a second sec	
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3 23.
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b)		••••••	4 22.
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a).		11.	
IV It					
Act	6	Total number of volunteers (estimate if necessary)		• • • • • • • -	
	1a		******		
-		Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year
				92,102,494	
le	8	Contributions and grants (Part VIII, line 1h)	· · ·		
Revenue	9	Program service revenue (Part VIII, line 2g)		18,977,760	and the second se
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	• • • •	3,341,895	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,596,244	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	18,018,393	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· · ·	145,000	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	•••	0	- 6
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• • • • <u> </u>	27,888,797	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 19, 462, 022.		0	. 0.
μ,					
				83,758,674	· · · · · ·
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2	11,792,471	
	19	Revenue less expenses. Subtract line 18 from line 12		6,225,922	
Net Assets or Fund Balances	i q	•		ing of Current Yea	
set	20	Total assets (Part X, line 16)		47,015,705	
t As Id B	21	Total liabilities (Part X, line 26)		23,384,073	
Pure	22	Net assets or fund balances. Subtract line 21 from line 20	12	23,631,632	. 126,003,789.
Pa	rt II	Signature Block			
Und	er per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepared to	statements, an	id to the best of my	y knowledge and belief, it is
arue	, corre	Ct, and complete, Declaration of preparer (other main onicer) is based on an information of which prepa	arer has any kno	owiedge.	
<u>.</u> .		Allerate a. Cowa		8/8/20)18
Sig		Signature of officer		Date	
Her	e	DEBORAH A. COWAN CFO AND TRE	EASURER		and the second
		Type or print name and title			
		Print/Type preparer's name Preparer's signature Date	; ;	Check if	PTIN
Paid		ELIZABETH W. HELLER Eagle UN color 8/	8/2018	self-employed	P00397829
Prep		Firm's name TATE & TRYON	1	Firm's EIN > 52	-1855942
USB	Only	Firm's address > 2021 L ST NW, WASHINGTON, DC 20036			2-293-2200
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		<u> </u>	. X Yes No

OMB No. 1545-0047

Open to Public

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Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-1878
Department of the Treasury Internal Revenue Service	For calendar year 2016, or fiscal year beginning 10/01 , 2016, and ending 09/30 ► Do not send to the IRS. Keep for your records. ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8	, 20 <u>17</u>	2016
Name of exempt organization		Employer iden	ification number
NATIONAL PUBI	JIC RADIO, INC.	52-090	7625
Name and title of officer			
	WAN, CFO AND TREASURER eturn and Return Information (Whole Dollars Only)		
Check the box for the r check the box on line 1 leave line 1b, 2b, 3b, 4	return for which you are using this Form 8879-EO and enter the applicable amo Ia, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being file b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0 w. Do not complete more than 1 line in Part I.	ed with this fo	orm was blank, then
1aForm 990 check he2aForm 990-EZ check3aForm 1120-POL ch4aForm 990-PF check5aForm 8868 check he	k here b Total revenue, if any (Form 990-EZ, line 9)	2b 3b ie 5). 4b	223372071.
Part I Declaratio	on and Signature Authorization of Officer		
organization's 2016 ele are true, correct, and c organization's electronic to send the organization the transmission, (b) the authorize the U.S. Trea financial institution accor return, and the financial Agent at 1-888-353-453 involved in the processi resolve issues related t	ury, I declare that I am an officer of the above organization and that I have exami- ctronic return and accompanying schedules and statements and to the best of n omplete. I further declare that the amount in Part I above is the amount shown o c return. I consent to allow my intermediate service provider, transmitter, or elec- n's return to the IRS and to receive from the IRS (a) an acknowledgement of rece- e reason for any delay in processing the return or refund, and (c) the date of any is sury and its designated Financial Agent to initiate an electronic funds withdrawa bunt indicated in the tax preparation software for payment of the organization's fu- l institution to debit the entry to this account. To revoke a payment, I must conta 37 no later than 2 business days prior to the payment (settlement) date. I also a ng of the electronic payment of taxes to receive confidential information necess- o the payment. I have selected a personal identification number (PIN) as my sign applicable, the organization's consent to electronic funds withdrawal.	ny knowledge n the copy of i ptronic return of ipt or reason refund. If app I (direct debit) ederal taxes ct the U.S. Tro uthorize the f ary to answer	and belief, they the originator (ERO) for rejection of licable, I entry to the owed on this easury Financial inancial institutions inquiries and
Officer's PIN: check on			
			aa mu alanatura
L I authorize		ive numbers, bui enter all zeros	as my signature
being filed with	tion's tax year 2016 electronically filed return. If I have indicated within this retur a state agency(ies) regulating charities as part of the IRS Fed/State program, I by PIN on the return's disclosure consent screen.	n that a copy also authorize	of the return is the aforementioned
If I have indicate the IRS Fed/Sta	the organization, I will enter my PIN as my signature on the organization's tax yeed within this return that a copy of the return is being filed with a state agency(ie ate program, I will enter my PIN on the return's disclosure consent screen.	ear 2016 elec s) regulating	tronically filed return. charities as part of
and the second se	eberale a. Contan Date >	8/8/2018	
	on and Authentication		
	your six-digit electronic filing identification by your five-digit self-selected PIN. 5 2 4	do not enter a	5 2 0 9 0 Il zeros
indicated above. I confir Information for Authorize	numeric entry is my PIN, which is my signature on the 2016 electronically filed re m that I am submitting this return in accordance with the requirements of Pub. 4 ed IRS <i>e-file</i> Providers for Business Returns.	eturn for the o 163, Modern	rganization zed e-File (MeF)
ERO's signature	Elizabetu Date > _ 8/	8/2018	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form To the IRS Unless Requested To Do S	0	
For Paperwork Reducti	ion Act Notice, see back of form.		rm 8879-EO (2016)



Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A
Tax period	September 30, 2017
Notice date	November 13, 2017
Employer ID number	52-0907625
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555
Page 1 of 1	

Page 1 of 1

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Important information about your September 30, 2017 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, 2017 Form 990. Your new due date is August 15, 2018. What you need to do

 Your new due date is August 15, 2018.
 File your September 30, 2017 Form 990 by August 15, 2018. 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

 • Visit www.irs.gov/cp211a

 • Par 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.

	NATIONAL PUBLIC RADIO, INC.	52-0907625
_	arm 990 (2016)	Pag
P	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
[Briefly describe the organization's mission:	
	ATTACHMENT 1	
		····
		·
		· · · · · · · · · · · · · · · · · · ·
2		ted on the
	prior Form 990 or 990-EZ?	Yes X I
	If "Yes," describe these new services on Schedule O.	
	- it is signification could beneationing, of many bighindant onlinged in now it conducts, and	/ program
	services?	Yes X
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program	ram services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra	ants and allocations to othe
	the total expenses, and revenue, if any, for each program service reported.	
 a	a (Code:) (Expenses \$ 145,058,822. including grants of \$ 156,647.) (Revenue	
^	ATTACHMENT 2	116,124,728.)
	ALIACIMENT 2	·
		11,695,869.)
	ATTACHMENT 3	
		· · · · · · · · · · · · · · · · · · ·
•		· · · · · · · · · · · · · · · · · · ·
1		······
•		
•		
		· · · · · · · · · · · · · · · · · · ·
((Code:) (Expenses \$ 1,347,902. including grants of \$) (Revenue \$	3,521,063.)
	ATTACHMENT 4	·····
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-	······································	
,	Other program services (Describe in Schedule O.) ATTACHMENT 5	
-	(Expenses \$ 1,106,532. including grants of \$ 0.) (Revenue \$ 30,725.))
1	Total program service expenses ► 161, 161, 131.	

NATIONAL PUBLIC RADIO, INC.

-	n 990 (2016)		í	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1				
~	complete Schedule A.	1	X	
2		2	X	
3				
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		x	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	<u>^</u>	
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? If "Yes," complete Schedule C,			
	Part III.			х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		<u> </u>
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ũ	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	l °		·
Ũ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	222	部部個	
•••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	SHEEK.	12141691	erstern
-	complete Schedule D, Part VI	11a	x	
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	<u> </u>		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	T		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Í	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ĺ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u></u>	
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? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			17
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
	If "Yes," complete Schedule G, Part III	19		**

Form 990 (2016)

NATIONAL PUBLIC RADIO, INC.

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Par	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22_	<u>X</u>	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_23	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? If "Yes," answer lines 24b		v	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			v
	to defease any tax-exempt bonds?	24c		$\frac{x}{x}$
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a		350		х
6	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		
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?	25b		х
26	If "Yes," complete Schedule L, Part I	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
		26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
<i>4</i> , 1	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
~~	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	[
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
-		28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		<u>35b</u>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,			17
		37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	.		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	_ X	

Form 990 (2016)

Form 990 (2016)

NATIONAL	PUBLIC	RADIO,	INC.
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				Page 5
Pa				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	<u>i I</u>
		ন বিভিন্নজ	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
			121/21	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	S. Salahi
2.7	reportable gaming (gambling) winnings to prize winners?		NAL SIG	Line and
za	Statements, filed for the calendar year ending with or within the year covered by this return, <u>2a</u> 1, 32	1		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	2723/2128
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	1.16.20 - 2.22	SNR	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	X	Sanday and Sanday
b	If "Yes," enter the name of the foreign country: ATTACHMENT 6			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			Territo I
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<u>x</u> x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
Ŀ	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?,		的時	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	4125513941	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>x</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1 216.16	Lasteria)
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2009H	N NAME	
	sponsoring organization have excess business holdings at any time during the year?	8	u sina k	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Sponsoring organizations maintaining donor advised funds.	9a	9431923 I	
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	ale al		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			1日4月4) ANDASA
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	8 H 201		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	54652		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	tota a la	6275 a 62 12 20 13
i	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		

Form 990 (2016)

Form	990 (2010	NATIONAL PUBLIC RADIO, INC.	52-090	762	5	Page 6
Par		Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7h helov	w and	d for	a "No
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O.	See i	instru	ctions.
Foot		Check if Schedule O contains a response or note to any line in this Part VI	• • • • • • • • •		· · · ·	X
Seci	.1011 A.	Governing Body and Management			Yes	No
4 9	Entari	be number of voting mombars of the governing body of the and of the towner	1a 2	a 200		01060000
10		he number of voting members of the governing body at the end of the tax year are material differences in voting rights among members of the governing body, or if the governing	<u>1a</u>	H ess		
		elegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	2012-010 10-121-0 10-121-0		
b		he number of voting members included in line 1a, above, who are independent	1b 2	2		
2		y officer, director, trustee, or key employee have a family relationship or a business rel				
		er officer, director, trustee, or key employee?		2	1. (19.7% p)	X
3		e organization delegate control over management duties customarily performed by or un				
		ision of officers, directors, or trustees, or key employees to a management company or othe		3		X
4		organization make any significant changes to its governing documents since the prior Form 990 was fil		4		Х
5		organization become aware during the year of a significant diversion of the organization's a		5		Х
6		organization have members or stockholders?		6	X	
7a	Did the	organization have members, stockholders, or other persons who had the power to ele	ect or appoint			
		more members of the governing body?		7a	X	
b	Are ar	y governance decisions of the organization reserved to (or subject to approval t	y) members,			
	stockh	olders, or persons other than the governing body? \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots	• • • • • • •	7b	X	
		organization contemporaneously document the meetings held or written actions unde	rtaken during			
	-	r by the following:				244
		verning body?		8a	X	_
		ommittee with authority to act on behalf of the governing body?		8b	X	
9	Is there	any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot I	pe reached at			v.
		anization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
CCII	<u>, 11 D. L</u>	olicies (This Section B requests information about policies not required by the Inte	mai Revenue	000	e.) Yes	No
0	[] 1 1 1 1 1 1 1			10a		X
		organization have local chapters, branches, or affiliates?	••••	Iva		
		did the organization have written policies and procedures governing the activities of s		10b		
		s, and branches to ensure their operations are consistent with the organization's exempt put organization provided a complete copy of this Form 990 to all members of its governing body before fill		11a	X	
		e in Schedule O the process, if any, used by the organization to review this Form 990.	ng the torm?.			
		organization have a written conflict of interest policy? If "No," go to line 13		12a	X	-2513(SP-14
		fficers, directors, or trustees, and key employees required to disclose annually interests th				
		onflicts?	at could give	12b	х	
		organization regularly and consistently monitor and enforce compliance with the po	licy? If "Yes"			
		in Schedule O how this was done	-	12c	х	
		organization have a written whistleblower policy?		13	X	
		organization have a written document retention and destruction policy?		14	Х	
		process for determining compensation of the following persons include a review and				期的
		dent persons, comparability data, and contemporaneous substantiation of the deliberation a				後洲
		anization's CEO, Executive Director, or top management official	· · · · · · · · · · · · · · · · · · ·	15a	X	
	-	ficers or key employees of the organization		15b	X	
		to line 15a or 15b, describe the process in Schedule O (see instructions).		藏經		澎湖
		organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
		exable entity during the year?	_	16a	X	
		did the organization follow a written policy or procedure requiring the organization to			就設備	
ŗ	participa	ation in joint venture arrangements under applicable federal tax law, and take steps to s	afeguard the			
		tion's exempt status with respect to such arrangements?	<u></u>	16b		X
		sclosure				
7 L	ist the	states with which a copy of this Form 990 is required to be filed ATTACHMENT 7				
8 8	Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	990-T (Section	501(c)(3)s	only)
		of or public inspection. Indicate how you made these available. Check all that apply.	dute Cl			
Ľ		n website Another's website X Upon request Other (explain in Sche	•			
		in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inte	rest p	policy,	and
		statements available to the public during the tax year.				
0 8	State the	e name, address, and telephone number of the person who possesses the organization's bo R, DEBORAH A. COWAN CFO, 1111 NORTH CAPITOL ST, NE WASHINGTON, DC 20002 202-513-2000	oks and records	:►		

Form 990 (2016	NATIONAL PUBLIC RADIO, INC.	52-0907625	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employees,	and
·	Check if Schedule O contains a response or note to any line in this Part VII		Χ
	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calend tax year.	dar year ending with or withi	n the

• 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)	box, office or direc	unle: er an	Po: heck sspa dac	erson	e than o is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MOHN, JARL	39.00		K	R						
PRESIDENT & CEO	1.00	X	\bigcirc	x				661,844.	0.	24,351.
(2)ARREDONDO, FABIOLA	1.00	1								
DIRECTOR	0.	X						Ο.	0.	0.
(3)BOSKIN, CHRIS	1.00				Í					······································
DIRECTOR	0.	х						0.	0.	Ο.
(4)CRANE, MIKE	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(5)DUST, FRED	1.00									
DIRECTOR	0.	X						ο.	Ο.	0.
(6)HAAGA, PAUL G. JR.	1.00									<u></u>
DIRECTOR	0.	x						ο.	0.	0.
(7)JENSEN, KIT	1.00									
DIRECTOR	0.	X						ο.	0.	<u>.</u> 0.
(8)LAMAY, ROGER	1.00									
DIRECTOR	1.00	X						Ο.	Ο.	0.
(9)MATHES, CARYN	1.00									
DIRECTOR	0.	x						0.	0.	0.
10)ROGERS, FLORENCE M.E.	1.00									
DIRECTOR	0.	X						Ο.	0.	0.
1)SAVAGE, MIKE	1.00									
DIRECTOR	0.	X						0.	0.	0.
2)SWANSON, KERRY	1.00									
DIRECTOR	0.	x						0.	0.	0.
3)WALKER, CONNIE	1.00									
DIRECTOR	0.	х						0.	Ο.	0.
(4)WOLLNER, HOWARD	1.00									
DIRECTOR	1.00	X						0.	0.	0.

NATIONAL PUBLIC RADIO, INC.

52-0907625

Form 990 (2016) Part VII Section A. Officers, Directors, Tr	uetooe Ko		nnla		00	and	U:	best Component	od Employ		Page 8
(A)	1	-y ⊑n 	որո			anu	nig			yees (1
Name and title	(B) Average			-	C) sition			(D) Reportable	(E)	L-1-	(F) Estimated
	hours per	(do	not c			e than d	one	compensation	Reporta compensati		amount of
	week (list any	box,	unle	ss pe	erson	is both	an	from	relate		other
	hours for	office	er an		~~~~	tor/trus		- the	organizal		compensation
	related	Individual trustee or director	Institutional	Officer	Key employee	Highest co employee	Former	organization	(W-2/1099-	MISC)	from the
	organizations below dolled	iec du		Ř	em	log is	ner	(W-2/1099-MISC)			organization and related
	line)	lo a	onal	ĺ	oloy	β			· ·		organizations
		uste	l trustee		ee	adu					
		ñ	stee			compensated se					
15) WOTOWICZ, JOHN S.	1.00		<u> </u>			8					· · · · · · · · · · · · · · · · · · ·
DIRECTOR	0.	x								0	
.6) FERNANDES, GARY	1.00	~						0.		0.	0.
DIRECTOR		v								~	•
	1.00	<u>X</u>						0.		0.	0.
.7) OLIVER, LAFONTAINE	1.00										
DIRECTOR	0.	X						0.	1	0.	0.
.8) SHEIKHOLESLAMI, GOLI	1.00								1		
DIRECTOR	0.	Х						0.		0.	0.
.9) SLOCUM, JOYCE	1.00										
DIRECTOR	0.	Х						0.		0.	0.
0) WALLACE, JOANNE	1.00										
DIRECTOR	0.	Х						0.		ο.	Ο.
1) WATSON, CARLOS	1.00							2			
DIRECTOR	0.	x						0.		0.	0.
2) LUCAS, WONYA	1.00										
DIRECTOR	0.	x						ο.		ο.	0.
3) PEARCE, JAY	1.00						-				
DIRECTOR	0.	x						0.		ο.	0.
4) RESES, JACQUELINE	1.00										
DIRECTOR	0.	x		/	•			о.		0.	0.
5) SINE, JEFF	1.00										
DIRECTOR	0.1	v						0.		0.	0.
······································							$\overline{}$	661,844.		0.	24,351.
1b Sub-total		N.,	• • •	• •	• •	• •		6,985,363.		0.	569,323.
c Total from continuation sheets to Part VII, Se		• • •	• • •	• •	• •	• •		7,647,207.	<u> </u>	0.	593,674.
d Total (add lines 1b and 1c)		• • •	• • •	••		· · ·					555,074.
2 Total number of individuals (including but not) reportable compensation from the organization		iose II 520		a a b	ove) who	re	ceived more than a	5100,000 0	T	
reportable compensation from the organization	-	520									
											Yes No
3 Did the organization list any former office											
employee on line 1a? If "Yes," complete Schedu	le J for suci	h indi	vidu	al ,	• •	• • •	• •		• • • • • •		3 X
4 For any individual listed on line 1a, is the s											
organization and related organizations gre									e J for s	uch	
individual			••				• •			• •	4 X
5 Did any person listed on line 1a receive or a	accrue com	npens	atio	n fr	rom	any	unr	elated organizatio	n or individ	ual	
for services rendered to the organization? If "Ye	s," complete	e Schi	edul	e J i	for s	such p	pers	son	<u></u>		5 X
Section B. Independent Contractors											
I Complete this table for your five highest comp											
compensation from the organization. Report co	mpensatio	n for	the	cale	enda	ar yea	rei	nding with or withi	n the organ	nzation	rs tax
year.											
(A) Name and business addr	000							(B) Description of ser	vicos	<u> </u>	(C) Ompensation
ATTACHMENT 8								Description of ser			mpondation
									<u> </u>		
······································											<u> </u>
								·····			

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

NATIONAL PUBLIC RADIO, INC

NATIONA	L PUBLIC	C RA	DIO,	IN	IC.			52-0907	7625
Form 990 (2016)									Page
Part VII Section A. Officers, Directors, Tr		ey En	nploy		and	Hig		1	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not che unless er and a	perso direc	re than n is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) BEACH, MICHAEL F.	40.00							_	
VP, DISTRIBUTION	0.		X	-			245,639.	0.	25,524
CEO & TREASURER	39.00		x			i	282,044.	0.	26 704
GARRISON, STANLEY M.	40.00						202,044.	V.	26,794
VP, TECH OPS&BROADCAST ENGING	0.		x				269,365.	0.	35,876
) HART, JONATHAN CLO, GC, SECRETARY	40.00		x				440,255.	ο.	25,034
) HOOLEY, GEMMA	40.00							<u> </u>	207004
VP, MEMBER PARTNERSHIP	0.		x				202,766.	ο.	22,462
) LANG, ELISABETH G.	40.00						()		
ASSISTANT TREASURER	0.		<u> </u>	_			182,500.	0.	30,427
) MAYOR, LOREN A. COO, SR. VICE PRESIDENT	39.00 1.00		x				396,514.	ο.	34,883
) ORESKES, MICHAEL	40.00			+			9,.		
SVP NEWS, EDITORIAL DIRECTOR	0.		x				374,955.	ο.	17,646
) POWELL, MARJORIE	40.00			. (-			
VP, HUMAN RESOURCES	0.		X				272,914.	0.	13,672
) RIKSEN, MICHAEL R.	40.00		$\mathbf{\Omega}$	\mathbf{N}			044 670	0	23 63 7
VP, POLICY & REPRESENTATION) SHANAHAN, MICHELLE M.	0.40.00		X	-			244,678.	0.	31,617
ASSISTANT SECRETARY			X				199,505.	ο.	14,880
Sub-total		<u> </u>		1			· · · · ·		
Total from continuation sheets to Part VII, Se	ection A	•••	• • •	•••	•••				
Total (add lines 1b and 1c)						►			
Total number of individuals (including but not l reportable compensation from the organization	imited to th		sted a					100,000 of	
									Yes No
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu									3 X
For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$150	0,0007) If	"Yes,	" C	omplete Schedule	e J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue com	pens	ation	from	any	unre	elated organization	n or individual	5 X
ction B. Independent Contractors								······	<u>, , , , , , , , , , , , , , , , , , , </u>
Complete this table for your five highest comp compensation from the organization. Report co vear.									

(A) Name and business address	(B) Description of services	(C) Compensation
······		
Total number of independent contractors (including but not limited to	those listed above) who received	
more than \$100,000 in compensation from the organization >		Total Science Alberta

boussper week (istary houssper week (istary houssper related organizations below dotted line)do not check more than ner provide person is bolin officer and a director/instead of the organization (W-2/1099-MISC)compensation from related organization (W-2/1099-MISC)compensation from related organization (W-2/1099-MISC)compensation related officer and rel organization (W-2/1099-MISC)compensation from related organization (W-2/1099-MISC)compensation related organization (W-2/1099-MISC)37)TURPIN, CH	Page 8									,				90 (2016)
Name and titleAverage hours per veck (kar organizations time)Average hours per veck (kar organizations time)Position (do nt check more than one box, unless person is bolin and organization the organizations (W-2/1099-MISC)Reportable compensation from the organizations (W-2/1099-MISC)Estima amoun and related organizations (W-2/1099-MISC)37)TURPIN, CHRISTOPHER VP, NEWS PROGR., & OPERATIONS VP, NEWS PROGR., & OPERATIONS VP, DIVERSITY IN NEWS & OPS OL40.00X292,039.0.3538)WODDS, KEITH M. VP, DIVERSITY IN NEWS & OPS OLHLM, THOMAS40.00X218,629.0.230)HJELM, THOMAS CHIEF DIGITAL OFFICER0.X218,629.0.231)LUT2KY, MICHAEL CHIEF DIGITAL OFFICER0.X197,109.142)GOLDHWAITE, MARCARET CHIEF MARKETING OFFICER0.X0.0.142)GOLDHWAITE, MARCARET CHIEF STEVEN A.40.00X0.0.143)MYERS, MATTHEW CHIEF STEVEN A.40.00X0.0.14	<u>،</u>					1	d Hig	, and			Em	ey		
VP, NEWS PROGR., & OPERATIONS0.X292,039.0.3538) WOODS, KEITH M.40.00	ated nt of er sation the cation lated	(F) Estima amoun other compens from th organiza and rela organizat	eportable ensation from related ganizations	Repo compens rela organi	ortable ensation rom the nization	Repor comper fro the organiz	oth an ustee)	ore tha in is bo clor/in	ositio ck mo perso i dire	Pot cheo Inless and a	box, i officei		Average hours per week (list any hours for related organizations below dotted	
38) WOODS, KEITH M.40.00VP, DIVERSITY IN NEWS & OPS0.X227,742.(9) GRUNDMANN, ANYA40.00VP, PROGRAMMING AND AUDIENCE D0.X218,629.0.HJELM, THOMAS(1) HJELM, THOMAS40.00CHIEF DIGITAL OFFICER0.X238,014.(1) LUTZKY, MICHAEL(1) LUTZKY, MICHAEL(2) GOLDTHWAITE, MARGARET(3) MYERS, MATTHEW(4) WITTE, STEPHANIE(4) WITTE, STEPHANIE(5) INSKEEP, STEVEN A.(4) UNTKE STEVEN A.	,258.	35	0.		92,039.	292				x				
19)GRUNDMANN, ANYA40.00VP, PROGRAMMING AND AUDIENCE D0.X218,629.0.230)HJELM, THOMAS40.00X238,014.0.51)LUTZKY, MICHAEL40.00X197,109.0.142)GOLDTHWAITE, MARGARET40.00X21,346.0.2)GOLDTHWAITE, MARGARET40.00X21,346.0.3)MYERS, MATTHEW40.00X0.0.VPMKTG BRANDING COMMUNICATION0.X0.0.4)WITTE, STEPHANIE40.00X0.0.CHIEF DEVELOPMENT OFFICER0.X0.0.	,103.		0.							x				
0)HJELM, THOMAS40.00CHIEF DIGITAL OFFICER0.X238,014.0.51)LUT2KY, MICHAEL40.00X197,109.0.142)GOLDTHWAITE, MARGARET40.00X21,346.0.CHIEF MARKETING OFFICER0.X21,346.0.3)MYERS, MATTHEW40.00X0.0.VPMKTG BRANDING COMMUNICATION0.X0.0.4)WITTE, STEPHANIE40.00X0.0.5)INSKEEP, STEVEN A.40.00X0.0.	,667.											Ŋ	40.00	RUNDMANN, ANYA
1)LUTZKY, MICHAEL40.00VP, BUSINESS DEVELOPMENT0.2)GOLDTHWAITE, MARGARET40.00CHIEF MARKETING OFFICER0.3)MYERS, MATTHEW40.00VPMKTG BRANDING COMMUNICATION0.0.4)WITTE, STEPHANIE40.00CHIEF DEVELOPMENT OFFICER0.X0. <td>,555.</td> <td></td> <td></td> <td>Z</td> <td></td> <td></td> <td></td> <td> </td> <td>1</td> <td></td> <td></td> <td>3</td> <td>40.00</td> <td>IJELM, THOMAS</td>	,555.			Z					1			3	40.00	IJELM, THOMAS
2)GOLDTHWAITE, MARGARET40.00CHIEF MARKETING OFFICER0.X21,346.3)MYERS, MATTHEW40.00VPMKTG BRANDING COMMUNICATION0.X4)WITTE, STEPHANIE40.00CHIEF DEVELOPMENT OFFICER0.X0.5)INSKEEP, STEVEN A.40.000.									-			<u>)</u>	40.00	UTZKY, MICHAEL
3) MYERS, MATTHEW40.00VP MKTG BRANDING COMMUNICATION0.4) WITTE, STEPHANIE40.00CHIEF DEVELOPMENT OFFICER0.5) INSKEEP, STEVEN A.40.00	,688.	14,	0.			(2	40.00	OLDTHWAITE, MARGARET
4) WITTE, STEPHANIE40.00CHIEF DEVELOPMENT OFFICER0.5) INSKEEP, STEVEN A.40.00	0.		0.		21,346.	21				X		_		
CHIEF DEVELOPMENT OFFICER 0. X 0. 0. 5) INSKEEP, STEVEN A. 40.00 0 0 0	0.		0.		0.)`				X				
	0.	0.			0.					x			0.	HIEF DEVELOPMENT OFFICER
	,208.	36,	0.		24,935.	424		X					0.	R. HOST, MORNING EDITION
	,783.	27,	ο.	-	8,243.	428		x		R	_	-	0.	R. HOST, MORNING EDITION CA
7) SIEGEL, ROBERT 40.00 X 411,903. 0.20	,908.	20,	0.		1,903.	411		x			Ž			
1b Sub-total													ection A	
d Total (add lines 1b and 1c)			000 of	5100,000	ore than S	ceived mo	ho reo				se lis	ho	limited to the	tal (add lines 1b and 1c)
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated		1 1	pensated	compen	r highest	oyee, or	empl	key	ee,	truste idual	or	<u>کر</u>	er, directo	the organization list any former offic
III WIYI WWWWI F A F F F F F F F F F F F F F F F F F		4 X					əs," c	Γ "Ye	? f	000	6150	1	eater than	ganization and related organizations gr
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 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.														npensation from the organization. Report of
(A) (B) (C) Name and business address Description of services Compensation	n		C	vices		Descript							lress	

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 ►

NATIONAL PUBLIC RADIO, INC.

52-0907625

Form 990 (2016) Part VII Sect	tion & Officers Disasters Tr											Page 8
Part VII Seci	tion A. Officers, Directors, Tr (A)	USTEES, KE	ey ⊨n ∣	npic		es, C)	and	Hig				1
	Name and title	(D) Average hours per week (list any hours for related	box, office	unle er an	Pos heck ss pe d a c	sition mor erson direct	e than o is both or/trus	ал tee)	(D) Reportable compensation from the organization	(£ Repo compensa rela organiz (W-2/109	rtable ation from ited zations	(F) Estimated amount of other compensation from the
		organizations below dotted line}	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organization and related organizations
18) SIMON, SO SR. HOST		40.00 0.					x		375,884.		ο.	36,208.
19) BLOCK, MI SPECIAL	ELISSA CORRESPONDENT AND HOST	40.00 0.					x		372,937.		0.	37,348.
VP, DIGI	ACHARY J. FAL MEDIA TO 4/30/16	0.						x	314,381.	4	0.	12,756.
1) CARRASCO,		0,						x	219,927.	7	0.	15,980.
2) HANSON, M		0.	<u> </u>					x	131,139.		0.	8,046.
												<u>, , , , , , , , , , , , , , , , , , , </u>
·							5					
,				<	2							
·			7	0								· · · · · · · · · · · · · · · · · · ·
	ntinuation sheets to Part VII, Se			••	•••	•••	•••			-		
2 Total number	es 1b and 1c) of individuals (including but not linpensation from the organization	mited to th	ose li 520	istec	 dab	ove) who	rec	ceived more than \$	5100,000	of	
3 Did the orga employee on li4 For any indivisional employee	nization list any former office ine 1a? If "Yes," complete Schedu dual listed on line 1a, is the s	er, director <i>le J for sucl</i> um of repo	r, or h <i>indi</i> ortabl	trus vidu e co	al . omp	 Dens	ation	 an	d other compense	ation from	 n the	Yes No 3 X
individual	and related organizations gre				•••	• •	• • •				• • •	4 X
for services rel	on listed on line 1a receive or a ndered to the organization? If "Yes											5 X
1 Complete this	endent Contractors table for your five highest comp from the organization. Report co											
	(A) Name and business addr	ess					-		(B) Description of ser	vices	Co	(C) ompensation

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

Form 990 (2016) Part VIII

Statement of Revenue

NATIONAL PUBLIC RADIO, INC.

Check if Schedule O contains a response or note to any line in this Part VIII. (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 ons, Gifts, Grants Similar Amounts 1a Federated campaigns 1a 575,566. a. 14. may 3 b 1b Contributions, Gifts, and Other Similar Ar 1c Fundraising events С <u>1</u>d 17,503,747. đ Related organizations Government grants (contributions) . . 156,647. 1e e f All other contributions, gifts, grants, and similar amounts not included above 1f 67,020,515. Noncash contributions included in lines 1a-1f: \$ q. Total, Add lines 1a-1f . h ► 85,256,475 Program Service Revenue **Business** Code STATION PROGRAMMING FEES 515100 75,078,767 75,078,767 2a DISTRIBUTION SERVICES 515100 b 11,695,869 9,950,944 1,744,925. c DIGITAL MEDIA SPONSORSHIP 900004 30,841,416 30,841,416. MEMBERSHIP DUES 515100 3,521,063 3,521,063 d DIGITAL SERVICES 518210 5,401,867. 5,401,867 e 4,802,678. 779,665 f All other program service revenue . 23,013. Total. Add lines 2a-2f . 131,341,660. i de la serie g • 3 Investment income (including dividends. interest. 2.979.311 2,480,365. 498,946. 0. 4 Income from investment of tax-exempt bond proceeds . >> 5 Royalties 2,234,061 2,234,061 ► (i) Real (ii) Personal 492,020. 6a Gross rents 35,205. b Less: rental expenses . . . 456,815. Rental income or (loss) . . C Net rental income or (loss) . đ 456,815 456,815 (ii) Other (i) Securities Gross amount from sales of 7a assets other than inventory 57,322,488. b Less: cost or other basis 57.279,191 62,403 and sales expenses . . . 43,297. -62,403 Gain or (loss) С d Net gain or (loss) -19.106-19,106 8a Gross income from fundraising Revenue events (not including \$_ of contributions reported on line 1c Other D See Part IV, line 18 а ٥. b ь Net income or (loss) from fundraising events. ► Ø C 9a Gross income from gaming activities. See Part IV, line 19 0. ο. b Less: direct expenses h С Net income or (loss) from gaming activities. ► 0 10a Gross sales of inventory, less returns and allowances 2,026,745 1,387,425. h Less: cost of goods sold b Net income or (loss) from sales of inventory, С 639,320 30.725 608.595 ► Miscellaneous Revenue **Business Code** 1.0 fti | PARKING GARAGE FEES 812930 358,861 358,861. 11a SPACE LICENSE FEES 900099 84,697. 84,697. Ь MISCELLANEOUS REVENUE 900004 39,977 c 39,977. d All other revenue . . . 483, 535. And the second s Total. Add lines 11a-11d e Total revenue. See instructions. 223,372,071 98,763,031. 33,716,895. 5,635,670. JSA

Form 990 (2016)

NATIONAL PUBLIC RADIO, INC. 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, (A) Total expenses (B) Program service (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 116,024. 116,024 2 Grants and other assistance to domestic 156,647. 156,647, individuals. See Part IV, line 22 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. Compensation of current officers, directors, 6,808,489 4,305,446 2,257,054. trustees, and key employees 245,989. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Ω 7 Other salaries and wages 104,123,171 81,572,530 19,994,839 2,555,802. 8 Pension plan accruals and contributions (include 5,581,638 5,581,638 section 401(k) and 403(b) employer contributions) 11,294,705 7,956,889 18,522,672. 728,922. 7,353,809. 7,377,613. -24,740 936. 10 11 Fees for services (non-employees): a Management O. 725,972. 32,638 693,334 b Legal 391,409 391,409. c Accounting Ο. d Lobbying 0 e Professional fundralsing services. See Part IV, line 17, 110,216. f Investment management fees 31,974 78,242 9 Other. (If line 11g amount exceeds 10% of line 25, column 13,583,492 6,549,100. 6,400,057. 634,335. (A) amount, list line 11g expenses on Schedule O.). 401,334. 153,344 231,036 16,954. 7,493,532. 2,364,056. 5,078,741. 50,735. 1,109,281. 545,083. 552,481. 11,717. 14 Ö. 15 Royalties 4,205,986 11,691,007. -7,843,551. 358,530. Occupancy 16 5,456,383. 4,513,882. 649,907. 292,594. 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 1,308,380 Conferences, conventions, and meetings 226,175 596,663. 485,542. 19 5,935,406. 5,935,406. 20 Interest Payments to affiliates. Ο. 21 10,695,911. 2,735,031 7,960,880 22 Depreciation, depletion, and amortization 902,064. 1,856. 900,208. 23 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.) aCONTENT ACQUISITION 20,406,085. 20,325,568. 80,517. hCORPORATE SPONSORSHIP 14,030,615. 26,053. 14,004,562. cEMPLOYEE DEVELOPMENT 1,567,226. 632,646. 859,126. 75,454. dSATELLITE EQUIPMENT 74,462. 74,462. -922,170. 2,748,716. -3,670,836. -50. e All other expenses 222,910,067 19,462,022. 161,161,131. 42,286,914 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🍗 if following SOP 98-2 (ASC 958-720) 0

NATIONAL PUBLIC RADIO, INC.

		NATIONAL PUBLIC RADIO, INC.		52	-0907625
	rm 990				Page 11
P	art X				·····
		Check if Schedule O contains a response or note to any line in this F	<u>Part X</u>		<u></u>
			(A)		(B)
	<u> </u>		Beginning of year	ļ	End of year
	1	Cash - non-interest-bearing			314,750.
	2	Savings and temporary cash investments	14,246,063.		14,710,701.
	3	Pledges and grants receivable, net	14,120,135.		11,574,972.
	4	Accounts receivable, net	25,587,001.	4	32,449,172.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			_
	6	Complete Part II of Schedule L Loans and other receivables from other disgualified persons (as defined under section	0.	5	Q.
	0	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			
ള	_	organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
Å		Inventories for sale or use	1,083,447.		966,345.
	9	Prepaid expenses and deferred charges	1,576,306.	9	1,223,476.
	10a	Land, buildings, and equipment: cost or	~		
		other basis. Complete Part VI of Schedule D 10a 271, 173, 775.			
	1	Less: accumulated depreciation 10b 55, 679, 643.		10c	215,494,132.
	11	Investments - publicly traded securities	62,213,300.	11	69,249,692.
	12	Investments - other securities. See Part IV, line 11	6,928,721.	12	7,407,245.
	13	Investments - program-related. See Part IV, line 11	1,831,605.		2,455,083.
	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)	347,015,705.	16	355,845,568.
	17	Accounts payable and accrued expenses	26,739,334.	17	32,433,913.
	18	Grants payable	18	0.	
	19	Deferred revenue		19	23,019,442.
	20	Tax-exempt bond liabilities		20	174,388,424.
	21	Escrow or custodial account liability. Complete Part N of Schedule D	0.	21	0.
ties		Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			0
9		disqualified persons. Complete Part II of Schedule L	0.		<u> </u>
		Secured mortgages and notes payable to unrelated third parties	250,299.	23	0.
I		Unsecured notes and loans payable to unrelated third parties	V.	24	<u>v.</u>
		Other liabilities (including federal income tax, payables to related third	j		
		parties, and other liabilities not included on lines 17-24). Complete Part X	о.	25	ο.
	26	of Schedule D		25 26	229,841,779.
		Organizations that follow SFAS 117 (ASC 958), check here X and		20	220704177707
8		complete lines 27 through 29, and lines 33 and 34.			
ŝ		Unrestricted net assets	103,243,344.	27	110,602,194.
3al		Temporarily restricted net assets		28	15,401,595.
<u>p</u>	29	Permanently restricted net assets		29	0.
51		Organizations that do not follow SFAS 117 (ASC 958), check here and			
5		complete lines 30 through 34.			
ŝ	30	Capital stock or trust principal, or current funds		30	
ŝ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<	32	Retained earnings, endowment, accumulated income, or other funds		32	
T	33	Total net assets or fund balances		33	126,003,789.
	34	Total liabilities and net assets/fund balances		34	355,845,568.
			· · · · · · · · · · · · · · · · · · ·	ىلىمىشى:	Form 990 (2016)

Form 990 (2016)

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NATIONAL PUBLIC RADIO, INC.

	990 (2016)				P	age 12
Par	t XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		223,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		222,		
3	Revenue less expenses. Subtract line 2 from line 1	3				004.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		123,		
5	Net unrealized gains (losses) on investments	5		3,3	334,	608.
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		-1,4	124,	455.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	-	126,0	03,	789.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?, .			<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1		
b	Were the organization's financial statements audited by an independent accountant?			<u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	1a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis				•	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ı 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?		• •	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	its.		3b		
				Form	990	(2016)
	PUBLIC					
	\sim					
	X					

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SCHEDULE A	Public Ch	narity Status a	nd Pu	ublic S	Support	OMB No. 1545-0047					
(Form 990 or 990-EZ) Complet		section 501(c)(3) organizati				trust. 2016					
Department of the Treasury Internal Revenue Service	mation about Schedule	Attach to Form 990 c			s is at www.irs.gov/form	Open to Public					
Name of the organization		······				ification number					
NATIONAL PUBLIC RADIO	D, INC.				52-0907						
Part I Reason for Public	Charity Status (Al	organizations must	comple	ete this p	art.) See instruction	IS.					
The organization is not a privat											
1 A church, convention of											
2 A school described in											
3 A hospital or a cooper											
4 A medical research or		n conjunction with a h	ospital d	escribed i	n section 170(b)(1)(A	(iii). Enter the					
hospital's name, city, a											
5 An organization opera		f a college or univers	sity owne	ed or ope	erated by a governm	ental unit described in					
6 A federal, state, or loc	al government or gov	ernmental unit describ	ed in sec	ction 170((b)(1)(A)(v).						
7 X An organization that n			support f	rom a go	vernmental unit or fi	rom the general public					
described in section 1					1						
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
university: 10 An organization that no						-					
receipts from activities support from gross inv acquired by the organiz	related to its exempt estment income and	functions - subject to unrelated business ta	certain e xable inc	exception	s, and (2) no more that s section 511 tax) from	an 331/3 % of its					
11 An organization organi	zed and operated exc	lusively to test for pub	lic safety	See sec	fion 509(a)(4)						
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 1	2a through 12d that	describes the type of s	supportin	ia organiz	ation and complete li	nes 12e 12f and 12g					
a Type I. A supporting						•					
the supported organiz											
supporting organizati				ajonty of							
b Type II. A supporting				n with its	supported organizati	on(s), by having					
control or manageme											
organization(s). You n											
c Type III functionally i	integrated. A support	ing organization oper	ated in c	onnection	n with, and functional	lly integrated with,					
its supported organiza	ation(s) (see instructio	ns). You must comple	ete Part I	IV, Sectio	ns A, D, and E.						
d Type III non-function						ted organization(s)					
that is not functionally			-		•	d an attentiveness					
requirement (see inst											
e Check this box if the d	organization received	a written determination	on from t	he IRS th	at it is a Type I, Type I	l, Type III					
functionally integrated	I, or Type III non-func	tionally integrated sup	porting o	organizati	on.						
f Enter the number of suppo				• • • • •							
g Provide the following inform (i) Name of supported organization			10.3.6.10	<u> </u>		A.*N. A					
(i) Name of supponed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(Vi) Amount of other support (see					
		above (see instructions))		meni?	instructions)	instructions)					
· · · · · · · · · · · · · · · · · · ·			Yes	No		·····					
(A)											
(B)		2				· · · · · · · · · · · · · · · · · · ·					
(C)											
(D)											
(E)											
Total				 	· · · · · ·						
For Paperwork Reduction Act Notice, ce	a the Instructions for Earry	000 ar 000 EZ	LI	LL_	Cabadul- I	(F PPA					

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

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Schedule A (Form 990 or 990-EZ) 2016

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.)

<u>Se</u>	ction A. Public Support										
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,688,714.	81,542,198.	80,146,318.	92,102,494	. 85,256,475.	421,736,199.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
4	Total. Add lines 1 through 3	82,688,714.	81,542,198.	80,146,318.	92,102,494.	85,256,475.	421,736,199.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount photon on line 11 excluses (0)				R						
6	shown on line 11, column (f). Public support. Subtract line 5 from line 4.						109,119,012.				
<u> </u>	tion B. Total Support	1			$\overline{()}$		312,617,187.				
	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(-) 0040					
7	Amounts from line 4	82,688,714.	(J) 2013 61,542,198.	80,146,318.	92,102,494.	(e) 2016	(f) Total				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar			<u> </u>		85,256,475.	421,736,199.				
9	sources	3,976,541.	3,644,721,	3 , 792, 916.	5,102,039. 0.	5,206,446.	21,722,663.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .ATCH. 1	364,298.	635,887.	633,068.	564,400.	483,535.	2,601,108.				
11	Total support. Add lines 7 through 10						446,140,050.				
12	Gross receipts from related activities, etc. (se	ee instructions)				12	497,073,793.				
13	First five years. If the Form 990 is for organization, check this box and stop here			l, lhird, fourth,	or fifth tax yea	r as a section s	501(c)(3)				
	tion C. Computation of Public Supp			······							
14	Public support percentage for 2016 (lin						70.07%				
15	Public support percentage from 2015 S	Schedule A, Par	t II, line 14		[15	69.23%				
16a	331/3% support test - 2016. If the or this box and stop here. The organizatio										
b	331/3% support test - 2015. If the or										
~	check this box and stop here. The orga										
17a	10%-facts-and-circumstances test - 20										
	10% or more, and if the organization										
	Part VI how the organization meets th										
	organization										
b	10%-facts-and-circumstances test - 20	15. If the oros	nization did no	t check a box o	on line 13 16e	16h or 17a a	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 of	lid not check a l	box on line 13	16a, 16b, 17a	or 17b. check t	his box and see	• • • • • • • •				
	instructions						▶ □				
						<u> </u>					

Schedule A (Form 990 or 990-EZ) 2016

	edule A (Form 990 or 990-EZ) 2016						Page
Pa	rt III Support Schedule for Organ	nizations De	scribed in Sec	ction 509(a)(2)			
	(Complete only if you check	ed the box of	on line 10 of Pa	irt I or if the org	anization faile	d to qualify un	der Part II.
~~~	If the organization fails to qua	any under th	e tests listed b	elow, please c	omplete Part I	l.)	
	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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				1		
	furnished by a governmental unit to the				7		
	organization without charge		4			-	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons ,				U		
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			- \			
	line 6.)			)			
Sect	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6,						<u>````</u>
	Gross income from interest, dividends,						
	payments received on securities loans,		$\mathbf{P}$				
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less	. ( )	·				
	section 511 taxes) from businesses						
	acquired after June 30, 1975	$\sim$					
~	Add lines 10a and 10b	<u> </u>					
	Net income from unrelated business						
	activities not included in line 10b,				ſ		
	whether or not the business is regularly						
	carried on						
	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.)						
	First five years. If the Form 990 is for						
	organization, check this box and stop here				• • • • • • • • • •		
	ion C. Computation of Public Supp						
	Public support percentage for 2016 (line 8, c					15	%
	Public support percentage from 2015 Schedu					16	%
	ion D. Computation of Investment						
	Investment income percentage for 2016 (line					17	%
8	investment income percentage from 2015 Sc	hedule A, Part	III, line 17			18	%
9a 3	331/3% support tests - 2016. If the orga	nization did no	t check the box	on line 14, and	line 15 is more	than 331/3%, a	nd line
	17 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifies	as a publicly s	upported organiz	ation 🕨 📃
	331/3% support tests - 2015. If the organi						
	ine 18 is not more than 331/3%, check th						
	Private foundation. If the organization did						
SA F1 221						hedule A (Form 99	

Yes No

# Schedule A (Form 990 or 990-EZ) 2016 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 10 a 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)? *If* "Yes," *answer* 10*b below.* 
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2016

10b

	tule A (Form 990 or 990-EZ) 2016		_	Page 5
Par	t IV Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
Ь	below, the governing body of a supported organization?	<u>11a</u>		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
Sect	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. ion B. Type I Supporting Organizations	11c	I	[
	in an apport of porting organizations		Var	No
			163	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		
Secti	ion 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		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (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.			
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3	1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in			
a	The organization satisfied the Activities Test. Complete line 2 below.	strucuo	nsj.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inclusi	ionel	
	The organization supported a governmental entity, beschoe in Part vi now you supported a government entity (see		Yes	No
2	Activities Test. Answer (a) and (b) below.	-	103	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	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			
	activilies but for the organization's involvement.	2b		
3				
	Parent of Supported Organizations. Answer (a) and (b) below. 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 Orga           1         Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	ng trust o	n Nov. 20, 1970 (explai	n in Part VI). See ns 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	<u>1c</u>		
d Total (add lines 1a, 1b, and 1c)	10		
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		

Schedule A (Form 990 or 990-EZ) 2016

	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	Page					
	tion D - Distributions	Supporting Organiza	tions (continued)	0					
1	Amounts paid to supported organizations to accomplish			Current Year					
-	organizations, in excess of income from activity	subr burboses of subbor	lea						
3	Administrative expenses paid to accomplish exempt purp	anon of ourproduct arrang	inationa						
	Amounts paid to acquire exempt-use assets	izations							
	<ul> <li>5 Qualified set-aside amounts (prior IRS approval required)</li> <li>6 Other distributions (describe in Part VI). See instructions.</li> </ul>								
	<ul> <li>6 Other distributions (describe in Part VI). See instructions.</li> <li>7 Total annual distributions. Add lines 1 through 6.</li> </ul>								
		the energianting is and							
0	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	i the organization is resp	onsive						
				·····					
	Distributable amount for 2016 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount	1							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016					
1	Distributable amount for 2016 from Section C, line 6								
	Underdistributions, if any, for years prior to 2016								
2	(reasonable cause required-explain in Part VI). See		$\cap$						
	instructions.		$\tilde{\mathbf{C}}$						
3	Excess distributions carryover, if any, to 2016:		U						
a									
b									
C	From 2013								
d	From 2014								
e	From 2015								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2016 distributable amount								
i	Carryover from 2011 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2016 from		·····						
	Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2016 distributable amount								
c	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2016, if			· · · · · · · · · · · · · · · · · · ·					
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2016. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2017. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:		······						
a									
 b	Excess from 2013								
c	Excess from 2014								
d	Excess from 2015			······					
e	Excess from 2016								

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) ATTACHMENT 1 SCHEDULE A, PART II - OTHER INCOME DESCRIPTION 2012 2013 2014 2015 2016 TOTAL GARAGE REVENUE 358,360. 361,453. 334,070. 339,845. 358,861. 1,752,589. SPACE LICENSE FEES 225.999. 160,830. 103,370. 84,697. 574,896. OTHER REVENUE 5,938. 48,435. 138,168. 121,185. 39,977. 353,703. PUBLIC TOTALS 483,535. 2,681,188.

Schedule B       Schedule of Contributors         (Form 990, 990-EZ, or 990-PF)       > Attach to Form 990, Form 990-EZ, or Form 990-PF.         Department of the Treasury Internal Revenue Service       > Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.         Name of the organization       Employer id         NATIONAL PUBLIC RADIO, INC.       52-090								
Organization type (		52-0907825						
Filers of:	Section:							
Form 990 or 990-E	X 501(c)( ³ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation						
527 political organization								
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable 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							
General Rule	C'							
or more (i	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution in money or property) from any one contributor. Complete Parts I and II. See instructions r's total contributions.	-						
Special Rules								
<ul> <li>X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.</li> </ul>								
contributo	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein r, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charit educational purposes, or for the prevention of cruelty to children or animals. Complete P	able, scientific,						
contributo contributio during the General R	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receir, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no ns totaled more than \$1,000. If this box is checked, enter here the total contributions that year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts <b>ule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., <b>b</b> ,000 or more during the year	such at were received s unless the c., contributions						

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a)

No.

### Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization NATIONAL PUBLIC RADIO, INC. 52-0907625 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll 17,503,747. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll 2,375 Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll 2,353,836. \$ Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP **Total contributions** Type of contribution Person Payroll 1,863,987. \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (C) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll 1,780,059. \$ Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

(d)

(d)

Х

Х

Х

Х

(d)

Type of contribution

Х

Х

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(c)

**Total contributions** 

\$

1,715,486.

chedule B	(Form 990, 990-EZ, or 990-PF) (2016)		Pa
ame of o	rganization NATIONAL PUBLIC RADIO, INC.	1 -	loyer identification number
Part II	Noncash Property (See instructions). Use duplicate copies o		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		s_08	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		► \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		_   \$	

Name of orga	nization NATIONAL PUBLIC RADIO,	INC.		Employer identification number 52-0907625
(* tř c U	<b>Exclusively</b> religious, charitable, etc., 10) that total more than \$1,000 for the following line entry. For organization ontributions of \$1,000 or less for the se duplicate copies of Part III if addition	he year from any one c ons completing Part III, er year. (Enter this informa	ontributor. Con	ed in section 501(c)(7), (8), or nplete columns (a) through (e) and exclusively religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of gif	t	
	Transferee's name, address, and	1 ZIP + 4	Relationsh	ip of transferor to transferee
				2
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	0	(d) Description of how gift is held
	I	(e) Transfer of gif		
	Transferee's name, address, and	I ZIP + 4	Relationshi	p 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 gif	t	
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
		[		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				адаллаан алаан алаан 
		(e) Transfer of gif	 t	
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
				·····
·	······································	[		

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign	and Lobbying A	ctivities	OMB No. 1545-0047
	For Organizations Exempt From Inc	ome Tax Under section 50	1(c) and section 527	2016
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization is described</li> <li>Information about Schedule C (Form 990 description)</li> </ul>	below. ► Attach to For or 990-EZ) and its instructions	m 990 or Form 990-E2 is at www.irs.gov/form	0.00
If the organization answ Section 501(c)(3) o	ered "Yes," on Form 990, Part IV, line 3, or Fo ganizations: Complete Parts I-A and B. Do not co	orm 990-EZ, Part V, line 46 (Poli nplete Part I-C.	tical Campaign Activitie	
	er than section 501(c)(3)) organizations: Comple ations: Complete Part I-A only.	le Parts I-A and C below. Do not	complete Part I-B.	
If the organization answ	ered "Yes," on Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, line 47 (Lob	bying Activities), then	
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that have filed Form 5768 (election	under section 501(h)): Complete	Part II-A. Do not compl	ete Part II-B.
<ul> <li>Section 501(c)(3) or</li> <li>If the organization around</li> </ul>	ganizations that have NOT filed Form 5768 (ele	ction under section 501(h)): Cor	nplete Part II-B. Do not o	omplete Part II-A.
i ax) (see separate instru		xy Tax) (see separate instruc	tions) or Form 990-EZ	, Part V, line 35c (Proxy
	5), or (6) organizations: Complete Part III.		······································	
Name of organization NATIONAL PUBLIC	PADIO INC		Employer identi	
	te if the organization is exempt under	reaction 501/c) or is a c	52-09076	
	tion of the organization's direct and indirec			
of "political camp		e pontour oumpuigh douvine		
	activity expenditures (see instructions)			
	or political campaign activities (see instruct		<u>()</u>	
	e if the organization is exempt under			
<ol> <li>Enter the amount</li> <li>Enter the amount</li> </ol>	of any excise tax incurred by the organizat of any excise tax incurred by organization	ion under section 4955.	✓►\$	
	incurred a section 4955 tax, did it file Forr			
	nade?			Yes No
b If "Yes," describe i	n Part IV.			• ••• •••
Part I-C Complet	e if the organization is exempt unde	r section 501(c), except	section 501(c)(3).	
1 Enter the amount activities	directly expended by the filing organizati	on for section 527 exempt		
2 Enter the amount	of the filing organization's funds contribute	to other organizations fo	r section	
3 Total exempt fun- line 17b	ction expenditures. Add lines 1 and 2. E	nter here and on Form 1	120-POL, ▶\$	
5 Enter the names, a organization made the amount of pol	nization file Form 1120-POL for this year? addresses and employer identification num payments. For each organization listed, e itical contributions received that were pro- egated fund or a political action committee	ber (EIN) of all section 527 nter the amount paid from mptly and directly delivered	political organization the filing organization to a separate polition	ons to which the filing on's funds. Also enter cal organization, such
(a) Name	(b) Address	filir	ng organization's b. If none, enter -0	e) Amount of political ntributions received and promptly and directly lelivered to a separate olitical organization. If none, enter -0
(1)		_		
(2)		- <b>-</b>		<u></u>
(3)		-		
(4)				
(5)				
(6)				
For Paperwork Reduction	Act Notice, see the Instructions for Form 990 c	 r 990-EZ,	Schedule C (	Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016	NATIONAL PUB	LIC RADIO, INC	2.	52-6	0907625 Page <b>2</b>
Part II-A Complete if the c section 501(h)).	organization is ex	empt under sectio	on 501(c)(3) and	filed Form 5768 (ele	
A Check ► if the filing or name, address	ganization belongs s, EIN, expenses, a	to an affiliated gro nd share of excess	up (and list in Pa lobbying expend	rt IV each affiliated g itures).	roup member's
B Check ► if the filing org	ganization checked	box A and "limited	d control" provisio	ons apply.	
Limi	ts on Lobbying Expe	enditures		(a) Filing	(b) Affiliated
(The term "expend	ditures" means amo	unts paid or incurred	l.)	organization's totals	group totals
1a Total lobbying expenditures to	o influence public op	inion (grass roots lot	obying)		
b Total lobbying expenditures to	o influence a legislat	ive body (direct lobb)	ying)		
c Total lobbying expenditures (					· · · · · · · · · · · · · · · · · · ·
d Other exempt purpose expen	ditures		[		
e Total exempt purpose expend	fitures (add lines 1c a	and 1d)			
f Lobbying nontaxable amoun columns.	t. Enter the amount	from the following	table in both		
If the amount on line 1e, column	(a) or (b) is: The lobby	ing nontaxable amount	is:		
Not over \$500,000	20% of the	e amount on line 1e.			
Over \$500,000 but not over \$1,0	00,000 \$100,000	plus 15% of the excess	s over \$500,000.	and a second	and a second
Over \$1,000,000 but not over \$1	,500,000 \$175,000	plus 10% of the excess	over \$1,000,000.	1	
Over \$1,500,000 but not over \$1	7,000,000 \$225,000	plus 5% of the excess	over \$1,500,000.	~	
Over \$17,000,000	\$1,000,00	0.			
g Grassroots nontaxable amour					
h Subtract line 1g from line 1a.	If zero or less, enter -	0			
i Subtract line 1f from line 1c. It	f zero or less, enter -(	)			
j If there is an amount other	than zero on either	line 1h or line 1i,	did the organizati	on file Form 4720	
reporting section 4911 tax for	this year?	• • • • • • • • • • • • • • • • • • •	<u></u>		Yes No
		eraging Period Unde			
(Some organizations th					ins below.
	See the separa	ate instructions for	lines 2a through 2	f.)	
	Lobbying Expe	nditures During 4-Y	ear Averaging Peri	od	·····
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	C	7			αρτικό 
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					······································
				Schedule C (Fe	orm 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016

NATIONAL	PUBLIC	RADIO,	INC.	
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	- each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(	a)		(b)	
	scription of the lobbying activity.	Yes	No	A	mount	
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: Volunteers?		x			
a 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			475	5,438
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	X			116	5,024
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				773
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			
j	Total. Add lines 1c through 1i		_		592	2,235
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		Ļ			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ļ			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
E.C.	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501( 501(c)(6).	c)(5)	, or se	ection		
					Yes	No
	Mars substantially all (00% as mars) dues respired hand adjustible by marked 0			1		
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
	Did the organization agree to carry over lobbying and political campaign activity expenditures from					
a	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					<u>+</u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (				1e 3. is	
	answered "Yes."		,	,		
	Dues, assessments and similar amounts from members			1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	nts o	of [			
	political expenses for which the section 527(f) tax was paid).					
				<u>2a</u>		
a	Current year			2b		
	Current year.					
a	Carryover from last year.		· ·	2c		
	Current year	• • •				
	Carryover from last year.	 . <i></i> S	· ·   · ·	2c		
	Carryover from last year	••••• ••••• ••••••••••••••••••••••••••	•••	2c		
	Carryover from last year	s of the	•••	2c34		
a b c	Carryover from last year	s of the	•••	2c 3		

SEE PAGE 4

Schedule C (Form 990 or 990-EZ) 2016

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.

NPR SOLICITS AND DISSEMINATES INFORMATION ABOUT PUBLIC RADIO AND ENCOURAGES THE PUBLIC TO SHARE THEIR VIEWS ABOUT PUBLIC RADIO WITH EACH OTHER AND THEIR ELECTED REPRESENTATIVES, DIRECTLY AND THROUGH AMERICAN COALITION FOR PUBLIC RADIO.

	>HEDULE D orm 990)		ental Financial Statements		OMB No. 1545-0047
U.	····· ,		the organization answered "Yes" on Form 990, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	196	2016
D.e.e			<ul> <li>Attach to Form 990.</li> </ul>	149.	Open to Public
	partment of the Treasury emal Revenue Service	Information about Schedu	le D (Form 990) and its instructions is at www.irs	s.gov/form990.	Inspection
Nan	ne of the organization		na an a	Employer identific:	
NA	TIONAL PUBLIC	RADIO, INC.		52-09076	25
P			ised Funds or Other Similar Funds or i	Accounts.	
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at er	nd of year			
2.	Aggregate value o	f contributions to (during year)		·····	
3		f grants from (during year)			
4		tend of year	L		
5			advisors in writing that the assets held in		
_	_		e organization's exclusive legal control?		Yes No
6	_	—	and donor advisors in writing that grant fun		•
			fit of the donor or donor advisor, or for an		
173			<u> </u>	<u></u>	Yes No
		tion Easements.	"Yes" on Form 990, Part IV, line 7.	X	
1			organization (check all that apply).		
•		of land for public use (e.g., rec		f a historically im	nortant land area
		f natural habitat		a certified histor	
		of open space			
2			eld a qualified conservation contribution in the	he form of a con	servation
		ast day of the tax year.			End of the Tax Year
а		inservation easements		2a	
b		ricted by conservation easements		2b	
С		•		2c	
d			) acquired after 8/17/06, and not on a		
		sted in the National Register.		2d	
3			sferred, released, extinguished, or terminat	ed by the organ	ization during the
	tax year 🕨				
4	Number of states v	where property subject to conse	rvation easement is located >	<b></b>	
5	Does the organization	ation have a written policy rec	arding the periodic monitoring, inspection	n, handling of	
	-		sements it holds?		Yes No
6	Staff and volunteer h	ours devoted to monitoring, inspec	ting, handling of violations, and enforcing conse	rvation easements	during the year
	•				
7			ing, handling of violations, and enforcing con	servation easem	ents during the year
	▶\$				
8			(d) above satisfy the requirements of section		
-	and section 170(h)(	(4)(B)(ii)?		• • • • • • • • •	Yes No
9			conservation easements in its revenue and e		
		include, if applicable, the text o ounting for conservation easement	f the footnote to the organization's financial	statements that o	Jescribes the
Da			of Art, Historical Treasures, or Other S	imilar Accote	
_ r a			"Yes" on Form 990, Part IV, line 8.	Annai Asseis.	
					and balance aboot
1a	works of art, histo	rical treasures, or other simila	AS 116 (ASC 958), not to report in its rev r assets held for public exhibition, educa otnote to its financial statements that descri	enue statement/ tion. or researcl	and balance sneet
	public service, prov	ide, in Part XIII, the text of the fo	otnote to its financial statements that descri	bes these items.	
b	If the organization	elected, as permitted under S	FAS 116 (ASC 958), to report in its revi	enue statement	and balance sheet
	works of art, histo	rical treasures, or other simila ide the following amounts relatir	r assets held for public exhibition, educa	tion, or research	n in furtherance of
				<b>b</b> •	
	(ii) Revenue include	in Form 900 Port Y	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
2			t, historical treasures, or other similar as		
2	-		A mistorical reasones, or other similar ass FAS 116 (ASC 958) relating to these items:		Sell' bronce the
а				▶ .	
b					
For P	aperwork Reduction	Act Notice, see the Instructions for	Form 990.	Sche	dule D (Form 990) 2016
JSA 6E126	8 1.000				

Sch	edule D (Form 990) 2016							Page 2		
Pa	art III Organizations Maintain									
3	Using the organization's acquisi	tion, accession, and	other records, chec	ck any of th	he following that	at are a sig	inificant use	of its		
	collection items (check all that ap	ply):								
а	Public exhibition		d 🗌 Loan	or exchang	e programs					
b	Scholarly research		e Other		. •					
С	c Preservation for future generations									
4	Provide a description of the org		s and explain how	thev furthe	r the organizat	ion's exemr	ot purpose i	n Part		
	XIII.		•				1			
5	During the year, did the organizat	ion solicit or receive	donations of art. his	torical treas	ures, or other si	milar				
	assets to be sold to raise funds ra						Yes	No		
Pa	rt IV Escrow and Custodial A					<u></u>				
	Complete if the organization		s" on Form 990, P	art IV. line	9, or reported	an amour	nt on Form			
	990, Part X, line 21.									
1a		tee, custodian or oth	er intermediary for d	contributions	s or other assets	not				
	included on Form 990, Part X?						Yes	No		
b						· · · · · [	,			
	· · · · · · · · · · · · · · · · · · ·		,			Amount				
c	Beginning balance			10		Vanodite				
d	Additions during the year					•				
e	Distributions during the year		* * * * * * * * * * * * *	1e						
f	Ending balance			· · · · 1f				<u> </u>		
2a	Did the organization include an ar	nount on Form 990	Part X line 21 for a			lishilihy?	Yes	No		
	If "Yes," explain the arrangement									
	tV Endowment Funds.	in r art An. Oncoa n	ere il tre explanation	nas been p	Tovided on Fait.	<u>, , , , , , , , , , , , , , , , , , , </u>				
I G	Complete if the organiza	tion answered "Yes	s" on Form 990 Pr	art IV line	10					
		(a) Current year	(b) Prior year			e years back	(e) Four year	e hack		
			296,837,867.	and the second s		135,476.	256,307			
1a ,	Beginning of year balance	6,044.	10,147.	, .		251,388.	17,952			
þ	Contributions						11/552	., 010.		
C	Net investment earnings, gains,	35,223,223.	21,038,416.	1,568	271 36 0	19,179.	33,531	009		
	and losses	55,225,225.	21,030,410.	- 1,000	7274. 3073	-2012100		., 990.		
d	Grants or scholarships		<u>S`</u>	<u>.</u>						
e	Other expenditures for facilities	14,807,864.	15,320,509.	20 525	010 11 0	61 610	15 647	0.05		
	and programs	1,068,102.				37,161.				
f	Administrative expenses		•		•			,741.		
g	End of year balance	320,921,201.				07,270.	291,435	,476.		
2	Provide the estimated percentage	of the current year of	end balance (line 1g,	column (a))	held as:					
а	Board designated or quasi-endowr		2%							
	Permanent endowment  66.									
C	Temporarily restricted endowment									
	The percentages on lines 2a, 2b,									
3a	Are there endowment funds not in	the possession of th	e organization that	are held and	d administered f	or the		T		
	organization by:						Yes	No		
	(i) unrelated organizations				• • • • • • • • •		3a(i)	X		
	(ii) related organizations						3a(ii) X			
b	If "Yes" on line 3a(ii), are the relat	~	•				3b X			
4	Describe in Part XIII the intended		ion's endowment fun	ids.						
Par	Land, Buildings, and Equ Complete if the organization	ipment.		ort N/ line	110 See Form	- 000 Der	tV line 10			
	Description of property	(a) Cost or		r other basis	(c) Accumulated		Book value	·		
		(invest	ment) (ot	her)	depreciation	10				
1a	Land			53,066.			55,753,	066.		
b	Buildings				16,199,121		121,101,			
С	Leasehold improvements	[	-	34,122.	2,098,889		8,335,	233.		
	Equipment		58,0	32,899.	33, 368, 491	- •	24,664,	408.		
e	Other			52,818.	4,013,142		5,639,	676.		
Total	. Add lines 1a through 1e. (Column	(d) must equal Form	990, Part X, column	(B), line 10	c.)	- 2	215,494,	132.		

Schedule D (Form 990) 2016

	Form 990) 2016	·····	Pa
Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" on Form 990	D, Part IV, line 11b. See Form 990, Part X, line 12.
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
(2) Closely	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
<u>(G)</u>		· · · · · · · · · · · · · · · · · · ·	
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
			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)			2
(4)			
(5)			
(6)	······································		
(7)		<u> </u>	
_(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨		······································
PartIX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des		(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		······	
(8)			
(9)			
ſotal. (Colur	nn (b) must equal Form 990, Part X, col. (B) lin	ie 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) Feder	ral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25	i) 🕨

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

X

NATIONAL PUBLIC RADIO, INC.

Schedule D (Form 990) 2016	Page <b>4</b>
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.	
1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c	er
c       Recoveries of prior year grants.       2c       2d         d       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2e       2d         3       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       1       1	
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       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.	
1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d	
e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b	
c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       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; Pa         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	irt X, line

ENDOWMENT FUNDS: FORM 990, SCHEDULE D, PART V, LINE 4 THE ENDOWNMENT FUNDS THAT SUPPORT NPR ARE HELD AND ADMINISTERED BY A RELATED ORGANIZATION, NPR FOUNDATION (FOUNDATION). THE ENDOWMENT CONSISTS OF FIFTY-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 AND PROGRAMMING, 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, 2017, THERE WERE NO UNCERTAIN TAX POSITIONS FOR WHICH A LIABILITY SHOULD BE RECORDED.

SCHEDULE F Sta (Form 990)	tement of A	ACTIVITIES	Outside the Uni	ned States	OMB No. 1545-0047
► Com	plete if the organiza		"Yes" on Form 990, Part IV, to Form 990.	, line 14b, 15, or 16.	2016 Open to Public
Department of the Treasury  Information Inform	nation about Sched	ule F (Form 990	)) and its instructions is at wv	vw.irs.gov/form990.	Inspection
Jame of the organization				Employer ident	ification number
NATIONAL PUBLIC RADIO,		·····		52-090	
Part I General Informatic Form 990, Part IV, lin		Outside the l	Jnited States. Complete	if the organization answ	wered "Yes" on
1 For grantmakers. Does the of assistance, the grantees' elig grants or assistance?	gibility for the gran	its or assistanc	e, and the selection criter	ia used to award the	Yes
2 For grantmakers. Describe assistance outside the United		ganization's p	rocedures for monitoring	i the use of its grant	s and other
3 Activities per Region. (The fe	ollowing Part I, line	e 3 table can b	e duplicated if additional sp	bace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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	expenditures fo
(1) EAST ASIA AND THE PACIFIC	3.	3.	PROGRAM SERVICES	NEWS AND INFORMATION	1,034,953
(2) NORTH AMERICA	1.	1.	PROGRAM SERVICES	NEWS AND INFORMATION	305,791
(3) EUROPE	3.	3.	PROGRAM SERVICES	NEWS AND INFORMATION	1,211,195
(4) MIDDLE EAST AND NORTH AFRIC	A 3.	3.	PROGRAM SERVICES	NEWS AND INFORMATION	1,029,414
(5) RUSSIA/INDEPENDENT STATES	1.	1.	PROGRAM SERVICES	NEWS AND INFORMATION	315,156
(6) SOUTH AMERICA	1.	N.	PROGRAM SERVICES	NEWS AND INFORMATION	401,405
(7) SOUTH ASIA	2.	2.	PROGRAM SERVICES	NEWS AND INFORMATION	660,136
(8) SUB-SAHARAN AFRICA	2.	2.	PROGRAM SERVICES	NEWS AND INFORMATION	554,103
(9)					
10)	$\sim$				
11)					
2)					
3)					
4)					
5)				• • • • • • • • • • • • • • • • • • •	
6)					
17) 3a Sub-total		16.			5, 512, 152
b Total from continuation sheets to Part I					
<ul> <li>Totale (odd lines 2a and 2)</li> </ul>	- L I A I	16			5, 512, 152

cTotals (add lines 3a and 3b)16.16.For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1274 1.000

5, 512, 152. Schedule F (Form 990) 2016

TNC.
KADLU,
ារដោង
<b>THNULTINNE</b>

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	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 manual meetings and the formation answered "Yes" on Form 990,	autry, mile 19, rou any recipient who received more than \$0,000. Fart il can be duplicated if additional space is needed.	(b) IRS code     (c) Region     (d) Purpose of grant     (e) Amount of cash grant     (f) Manner of cash     (g) Amount of noncash     (h) Description     (i) Method of of noncash       (if applicable)     (if applicable)     cash grant     cash grant     cash grant     cash grant     cash grant     of noncash     valuation	epplasa, other
	Ice to Organizations or Entities (			
Schedule F (Form 990) 2016	art II Grants and Other Assistal		(a) Name of organization	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	Amount of (f) Manner of (g) Amo ash grant cash none disbursement assist	(g) Amount of noncash assistance	(h) Description of noncash assistance	<ul> <li>(i) Method of valuation</li> <li>(book, FMV, aporaisal other)</li> </ul>
( <b>d</b> )								
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<ul> <li>(6) Constraints and the second se (8) Second se Second second second Second second se</li></ul>		52						
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<ul> <li>(12) The second se</li></ul>				%				
(13)			i	C				
(14)				D	Ó			
(16).					7			
<ul> <li>March 1990, and the state of th</li></ul>								
2 Enter total number of recipient organizations listed above that are reconnized as charities by the foreign construction of recipient or construction.	nizations listed abov	le that are recoonized as c	haritias hv tha	foreign country roo				

Schedule F (Form 990) 2016 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 **Enter total number of other organizations or entities**.

3

	(g) Usesription (h) Method of of noncash valuation assistance (book, FMV, appraisal, other)													
	(I) Amount of (9) D noncash of of assistance as:											7		
(e) Manner of	disbursement								C	7	S	\$		
(d) Amount of	cash grant						×	K C V						
d. (c) Number of	recipients			Ç	, N,	2	)	-						
Ittonal space is needer (b) Region	5		2	\$										
rate in cart be supplicated if additional space is needed.           (a) Type of grant or assistance         (b) Region														

### 52-0907625

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Par	ule F (Form 990) 2016 IV Foreign Forms	Page
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	м элерияла — зара — Ш. — — Лиссиниения Полого
	Corporation (see Instructions for Form 926)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	No No
ţ	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X No
i	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X No
	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)	No No
	S	Schedule F (Form 990) 20
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Schedule F (Form 990) 2016

Page 5

### Schedule F (Form 990) 2016

Part V Supplemental Information 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).

SCHEDULEI		<b>Brants a</b>	nd Other A	Grants and Other Assistance to Organizations	o Organiza	tions		OWB No. 1546.0017
(Form 990)	60	vernmei	nts, and Ir	Governments, and Individuals in the United States	n the United	d States		Se de la companya de la compa
		olete if the or	ganization ans	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury Internal Revenue Service		tion about Sc	► Att Att <       	Attach to Form 990. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.cov/form990.	uctions is at www	v.irs. anv/form990		Open to Public Inspection
Name of the organization						inorition of the	Employer identification number	
뒍	C RADIO, INC.						52-0907625	លេអ សោយឧក ភូ
T t	General Information on Grants and Assistance	I Assistance	c).					
1 Does the organi	Does the organization maintain records to substantiate the	ubstantiate th		e grants or assista	nce, the grantees	amount of the grants or assistance, the grantees' eligibility for the grants or assistance and	s or assistance, and	
	the selection criteria used to award the grants or assistance?	s or assistanc	e?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			X Yes No
S S	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	lures for mon	litoring the use	of grant funds in the	<ul> <li>United States.</li> </ul>		<b>→</b>	]
Part II Grants al 990, Part	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.	omestic Or ent that rec	panizations ar eived more the	ld Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	anizations and Domestic Governments. Complete if the organization answer ived more than \$5,000. Part II can be duplicated if additional space is needed.	ation answered "Ye ce is needed.	s" on Form
1 (a) Name ar	<ol> <li>(a) Name and address of organization or government</li> </ol>	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncesh assistance	(h) Purpose of grant
(1) AMERICAN COALITION FOR PUBLIC RADIO	ON FOR PUBLIC RADIO					frank		
1111 NORTH CAPITOL STREET,	OL STREET, NE	821246245	2		116,024.		PAYROLL, DIRECT COSTDIRECT COSTS	DIRECT COSTS - GRASS
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(12)								
2 Enter total numb	ar of cootion E04/2//2/ 2023							
	Enter total number of other organizations listed in the line 1 table	government c ed in the line	rganizations lis	ted in the line 1 tab	je	•		
For Paperwork Reducti	For Paperwork Reduction Act Notice, see the Instructions for Form 930	ons for Form 9	90.				Sche	Schedule I (Form 990) (2046)
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NATIUNAL PUBLIC RADIO, INC. Schedule ( (Form 990) (2016)					52-09	52-0907625
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	stic Individuals ace is needed.	s. Complete if th	ne organization	answered "Yes" on F	orm 990, Part IV, line 22.	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
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l d)	information re	equired in Part I,	line 2, Part III, c	olumn (b); and any or	ther additional	
PROCEDURES FOR MONITORING: FORM 990,	SCHEDULE I,	, PART I, LINE	NE 2			
NPR OFFERS ASSISTANCE IN THE FORM OF	A FELLOWSHI	FELLOWSHIP. FELLOWSHIPS ARE PAID	IPS ARE PAI			
TO THE RECIPIENTS THROUGH NPR'S COMPE	COMPENSATION PROCESS.		BECAUSE NPR STAFF	[Ta		
DIRECTLY SUPERVISE THE FELLOWS, NO ADDITIONAL MONITORING IS DEEMED	DITIONAL MC	ONITORING IS	DEEMED			
NECESSARY.				7		
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				57	1	
					Schedule I (Form 990) (2016)	0) (2016)

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Part II Gram 990/(2016) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990 Part IV line 22	stic Individuals	. Complete if th	te organization	answered "Yes" on Fo		Page 2
Part III can be duplicated if additional space is needed.	ace is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of Ron-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
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Γ.		С С				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re-	quired in Part I,	line 2, Part III, c	olumn (b); and any oth	er additional	
M 990, SCHEDULE I,	PART III	5				
THE KROC FELLOWSHIP WAS ESTABLISHED TO	TO IDENTIFY	AND DEVELOP	A NEW			
GENERATION OF EXTRAORDINARY JOURNALISTS FOR	THE	FUBLIC RADIO	O SYSTEM NPR	PR		
ACCEPTS SEVERAL FELLOWS EACH YEAR. THE	E FELLOWSHI	FELLOWSHIP LASTS ONE YEAR AND	YEAR AND	Č		
INCLUDES A STIPEND PLUS BENEFITS. FELJ	FELLOWS RECEIVE	'E RIGOROUS,		2		
HANDS-ON-TRAINING IN EVERY ASFECT OF 1	PUBLIC RADIO	O JOURNALIS	JOURNALISM (WRITING,	6		
REPORTING, PRODUCING, AND EDITING) FOI	FOR BOTH RADI	RADIO AND WEB.	FELLOWS WORK	\$		
FRIMARILY AT NPR HEADQUARTERS IN WASH:	IN WASHINGTON, DC,	DC, THOUGH EACH FELLOWSHIP	H FELLOWSHI	L		
WILL INCLUDE AN ASSIGNMENT TO AN NPR MEMBER		STATION. ELIGIBLE CANDIDATES	LE CANDIDAT	ES		
MUST BE EITHER JUST COMPLETING COLLEGE	OR	GRADUATE SCHOOL OR BE OUT OF	R BE OUT OF			
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# Schedule I (Form 990) (2016)

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NATIONAL FUBLIC RADIO, INC. Schedule I (Form 990) (2016)

Schedule 1 (	Schedule I (Form 990) (2016)						i s
Part	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	tic Individuals ace is needed.	. Complete if t <del>l</del>	te organization	answered "Yes" on F		4
	(a) Type of grant or assislance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	1
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information rec	quired in Part I,	line 2, Part III, c	olumn (b); and any of	her additional	1
SCHOOL	FOR ONE YEAR OR LESS. CANDIDATES MU	IST	SUBMIT A RESUME	E. THREE			ł
REFERENCES,	NCES, AND A COVER LETTER EXPLAINING		WHY HE/SHE SHOULD BE SELECTED	BE SELECTE	Q		
ву тне	KROC FELLOWSHIP COMMITTEE.				5		
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Schedule 1 (Form 990) (2016)

(Fo	HEDULE J rm 990)	For certain Officers, Di C ► Complete if the organizati	nsation Information rectors, Trustees, Key Employees, and Highest ompensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	3.	20 <b>16</b>
	al Revenue Service	Information about Schedule J (F	orm 990) and its instructions is at www.irs.gov/	form990. Employer Identification	Inspection
	-	IC RADIO, INC.		52-0907625	
		s Regarding Compensation			
_			, , , , , , , , , , , , , , , , , , ,	······	Yes
1a			rovided any of the following to or for a pers provide any relevant information regarding		
		s or charter travel	Housing allowance or residence for		
		r companions	Payments for business use of person		
		mnification and gross-up payments	Health or social club dues or initiation		
		nary spending account	Personal services (such as, maid, ch	autteur, chet)	
b	If any of the to or reimburser explain	nent or provision of all of the e	he organization follow a written policy re xpenses described above? If "No," com	garding payment plete Part III to	1b
2			or to reimbursing or allowing expenses	incurred by all	
-	directors, trust		O/Executive Director, regarding the items		2
3	organization's	CEO/Executive Director. Check all th	nization used to establish the compensation at apply. Do not check any boxes for metho ne CEO/Executive Director, but explain in Pa	ds used by a	
	X Compens	ation committee	Written employment contract		
	X Independ	ent compensation consultant	X Compensation survey or study		
		) of other organizations	X Approval by the board or compensa	tion committee	
4	During the year	<b>•</b>	Part VII, Section A line 1a, with respect to		
а	Receive a seve	erance payment or change-of-control p	payment?		4a X
b	Participate in, o	or receive payment from, a suppleme	ental nonqualified retirement plan?		4b
c	Participate in, o	or receive payment from, an equity-b	ased compensation arrangement?		4c
	If "Yes" to any	of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite	em in Part III.	
			rganizations must complete lines 5-9.		
5			, line 1a, did the organization pay or accrue a	any	
		contingent on the revenues of:			
					5a
b					5b
		5a or 5b, describe in Part III.			
6			, line 1a, did the organization pay or accrue a	ny	
	compensation of	contingent on the net earnings of:			
а	The organization	n?			6a
b	Any related org	anization?			6b
	If "Yes" on line	6a or 6b, describe in Part III.			
7			on A, line 1a, did the organization provides escribe in Part III.	de any nonfixed	7
	to the initial	contract exception described in	paid or accrued pursuant to a contract that Regulations section 53.4958-4(a)(3)? If	"Yes," describe	
9		e 8, did the organization also fol	low the rebuttable presumption procedu	re described in	8

INC.
RADIO,
PUBLIC
NATIONAL

# Schedule J (Form 990) 2016

Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that

individual.

		(B) Breekdown of (M 2 and	111 9 and/or 1000 MIG					
	-	י הו הו המעתחאוו ר	1 44-2 41 10/01 1022-14 10	U TUBS-INICO CONDENSATION	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	olher deferred compensation	benefits	(a)()(a)	ry Companya in column (B) reported as deferred on prior Form 990
MOHN, JARL	(i)	511,844	150,000.	0	8,750.	15,601.	686,195.	0
F CEO				0.	.0	.0	0	0.
BEACH, MICHAEL F.	Ξ	240,639	5,000.	0.	7,092.	18,432.	271,163.	0.
NOTLOGT	8		- 1	.0	.0	0.	.0	0.
BRAND, ZACHARY J.	8	104,573,	30,000.	179, 808.	6,188.	6,568.	327,137.	0.
6 D.3. WTG5	6	0	$\mathbf{N}$	.0	° 0	.0	0.	0.
CARRASCO, EMMA J.	Ξ	135,010.	50,000.	34,917.	8,976,	7,004.	235,907.	0.
4 runder ve Aunten Dev TO 6/2/16	<u> </u>	0		0.	• 0	.0	.0	0.
COWAN, DEBORAH A.	ε	282,044		0.	17,225.	9,569.	308,838.	0.
		0.		.0 0	0.	.0	.0	0.
VP TECH OPSEEDGADCASET ENCLUS	8	269,365.			17,225.	18,651.	305,241.	0.
	8	0.0			- 1	.0	0	0.
CHIEF DENMA OFFICE TO 3 (2) (2015	8	82,132	28,505.	20, 502.	5,405.	2,641.	139,185.	0.
		0	.0.	i c	.0	0.	.0	0.
HAKT, JUNATHAN CLO. GC. SECRETEDY	Ξ	340,255,	100,00	ŝ	10,500.	14,534.	465,289.	0.
š	<u> </u>	0		0	0	.0	.0	0.
UD MEMBER PARAMA	<u>e</u>	202,766.		0	13, 325.	9,137.	225,228.	0.
	0	0	.0.	.0	- 1	0	.0	0.
LANG, ELLSABETH G. ASSISTANT TREDSTIDED	Ê	175,500.	7,00	.0	12,192.	18,235.	212,927.	0.
		0		0		.0	.0	0.
COD. SP. VICE DESCIDENT	8	346,014	50,50	.0	17,225.	17,658.	431,397.	0.
				0	0		.0	0.
UCEDAED, PLUMELL SVP NEWS, EDITORIAL DISFUTOR	Ξ	247, 522	33, 33	0	0	17,646.	392, 601.	0.
		.0		0	0	<b>1</b>	.0	0.
PURLIN, MARUORLE VE WINN PFENDERS	e	517'AT4	0	0	4,616.	9,056.	286, 586.	0.
		0	0.	0	0.	.0	.0	0.
VP POLICY & PEDDESEDWENT K.	8	244,6/8.		0	16,448.	15,169.	276,295.	0.
NOTTOINGENIES A	Ê	0		0	.0	.0	.0	0.
DANAHAN, MICHELLE M. Destembur spreembov	8	192,005	7,50	ò	12,481.	2,399.	214,385.	0.
		0 22		.0			0.	0.
TUNENS PROCE & OPERATONS	Ê	241,039	.000,c₽	.0	16, 656.	18, 602.	327,297.	0.
1911 THE STATE AND THE STATE	8	0	.0	.0	.0	0.	.0	0.

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Schedule J (Form 990) 2016

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# Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation				
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(U) Nontaxable benefits	(E) lotal of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
WOODS, KEITH M.	Ξ	227,742.	0	0	14.706.	1 397	243 BAE	
1 ^{VP} , DIVERSITY IN NEWS & OPS	€	X	0	0.	.0	<b>SI</b> -	<u>.</u>	
INSKEEP, STEVEN A.	8	414,935.	10,000.	0.	18,550.	17,658.	461,143.	
2 ^{SR, HOST, MORNING EDITION}	۲	0	0.	0	.0	.0		0.
MONTAGNE, RENEE	e	428,243.	0.0	0	18, 550.	9,233.	456,026.	0.
35K. HOST, MORNING EDITION CA	Ξ	0	0.	0.	.0	.0	0.	0.
SIEGEL, ROBERT	ε	411,903.	0.	.0	18,550.	2,358.	432,811.	0.
4 ^{sk. HOST ATC}	9	0	。 、 、	0.	0	.0	.0	0.
SIMON, SCOTT	8	375,884.	0.	<b>1</b> .0	18,550.	17,658.	412,092.	0.
Sak, HUST WE	€	0	0.	<b>V</b> 0.0	0	•0	.0	0.
GRUNDMANN, ANYA	8	218, 629.	0.	0.	14,366.	9,301.	242,296.	0.
PART FROMMENTING AND AUDIENCE D	E	0	l	0.	.0	.0	0	0.
HJELM, THOMAS	Ξ	223,014.	15,000.	0.		5,555,	243,569.	0.
THIEF DIGITAL OFFICER	8	0	.0	0	.0	0	0.	0.
LUTZKY, MICHAEL	ε	197,109.		S Co.	0.	14,688.	211,797.	0.
8'r' BUSINESS DEVELOPMENT	8	0.		3	0.	0.	.0	0.
BLOCK, MELISSA	8	372,937.		0.	18,550.	18,798.	410,285.	0.
95FECTAL CORRESPONDENT AND HOST	ε	0	0.	0.	0°	•0	.0	0.
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Schedule J (Form 990) 2016 Pert III Supplemental Information
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
2016:
BRAND, ZACHARY J \$179,808
THE AMOUNTS PAID WERE PROPERLY REPORTED ON SCHEDDLE J. PART II, COLUMN

Schedule J (Form 390) 2016

SCHEDULE K	S	Supplemental Information on Tax-Exempt Bonds	al Infor	mation o	n Tax-E	kempt E	sonds				OMB No. 1545-0047	1545-00	947
	Complete if	Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.	answered ations, and	"Yes" on Fo any addition	rm 990, Part I al informatior	V, line 24a. I in Part VI.	Provide desc	riptions,			2(	2016	
Department of the Treasury Internal Revenue Service	<ul> <li>Informa</li> </ul>	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>	dule K (For	Attach to Form 990. rm 990) and its instr	m 990. s instructions	i is at www.	irs.gov/form	9 <b>90</b> .			Open to Pu Inspection	Open to Public Inspection	8 A.S.
Name of the organization									E	ployer ide	Employer identification number	n number	
g	RADIO, INC.								52-	52-0907625	525		
Part Bond Issues	Se												
-	(a) Issuer name	(b) issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	purpose	(g) Defeased		(h) On behalf of issuer	(i) Pooled financing	2 g
		-							Yes	No Vo	Yes No	Yes N	°N
A DISTRICT OF C	COLUMBIA	53-6001131	2548396V0	2548396V004/07/2010 1	165,835,493.00		NPR HEADQUARTERS PROJECT	ROJECT	×		×		$\times$
B DISTRICT OF C	OF COLUMBIA	53-6001131	-	25483VNX8 05/02/2013	88,716,473.00		PARTIAL REFUNDING OF 2010 BOND	OF 2010 BON		×	×		×
C DISTRICT OF C	COLUMBIA	53-6001131		25483VRPJ 05/12/2016	81,342,438.00		PARTIAL REFUNDING OF	OF 2010 BOND		×	×		
۵													
Part II Proceeds			ド						_		-	-	
					A		ß		0		C		
1	retired			Ċ									1
	Amount of bonds legally defeased				153,850,000.00	.00							
3 Iotal proceeds of issue	ISSUE	•	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		165,835,492.50		88,716,473.00	81,	342,438.00	0			
	ist from proceeds		1 4 * *							_			
1	ndina escrows	• • • • • • •	•	)	13,164,951.00								1
7 Issuance costs from proceeds	om proceeds			• •				74,96	14,967,767.00	-			1
8 Credit enhancem	Credit enhancement from proceeds	•			C								1
9 Working capital e	Working capital expenditures from proceeds		• •	•	5	•				_			
10 Capital expenditu	Capital expenditures from proceeds	* * * * * *	• • • •	• •	154,115,380	.00				-			
- 1	seds	•	• • • •	•		C							
	oceeds		•	•		くノ				-			
13 Year of substantia	Year of substantial completion		• • • •	•	2013	5							
					Yes No	o Yes	No	Yes	No	<u>_</u>	Yes	No	
	were the policy issued as part of a current retunding issue?	Janssi Gu		*		×	X		×				
- E	Were the bonds issued as part of an advance refunding issue?.	Iding issue?	• • • • •	•		X		×					1
	has the final allocation of proceeds been made?		•	•	×	×		×					
1/ LOES the organization main final allocation of proceeded	Does the organization maintain adequate books final allocation of proceeded?	oks and records	s to support	ort the									
Partill Private Business []se	siness (Ise	•	•	•	×	×		×		_			
					Δ		α			-	4		
1 Was the oroaniz	Was the organization a partner in a partnership or a member	or a member	of an U.C										1
which owned pro	which owned property financed by tax-exempt bonds?	ds?	5 :					69-	2×	-	res	õ	1
2 Are there any I bond financed pro	Are there any lease arrangements that may result in private	result in private	e business	use of									1
For Paperwork Bedurtio	For Panerwork Reduction Act Notice see the Instructions for Exemption	r Earm 200	•	1 4 4 4	×	×		×					ĺ
JSA 6E1295 1,000										Schedu	Schedule K (Form 990) 2016	n 990) 20	16

Schedule K (Form 990) 2016 Part III Private Business Use (Continued)								Page 2
	A	_		8		0		
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	٥N	Yes	No
	X		×		×			
counsel to review any management or service contracts relating to the financed property?	×		×		X			
c Are there any research agreements that may result in private business use of					4			
bond-financed property?		х		×		×		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research arreaments relation to the financed arreaments.								
Enter the percentage of financial manufactured in								
4 Enter the percentage of infanced property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	r-	3624 %	-	3624 %	r	% 1075		70
5 Enter the percentage of financed property used in a private business use as a	ſ		1	# 7	1	# 9 0 7		0/.
our organizatio								
)(3) organization, or a state or local go	8	.0186	œ	•	8	.0186 %		%
		9.381 %		9.381%				%
7 Does the bond issue meet the private security or payment test?		x		×		×		
8a Has there been a sale or disposition of any of the bond-financed property to a								
		×		x		×		
ď.		;						
		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-22								
9 Has the organization established written procedures to encure that all	C							
	く							
ËL	X		×		х			
Parity Arbitrage								
-		2		8	J	0		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
		X		х		×		
Z II NU UIIITE I, UIU IITE IOIIUWIIIG APPIY (		1						
Exception to rebate?			\$		\$			
	4		4	1	V			
1	4							
		X		×		×		
4a Has the organization or the governmental issuer entered into a qualified							-	
		х		×		×		
e was the hedge terminated?								
JSA 657366 1 000						SCI	Schedule K (Form 990) 2016	rm 990) 2016

GE1296 1.000

뜨								Pane 1
Part IV Arbitrage (Continued)								- A.
	A			8		U		0
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		x		
c Term of GIC					-			
		-						
6 Were any gross proceeds invested beyond an available temporary period?		×		×		×		
7 Has the organization established written procedures to monitor the								
Part V Procedures To Undertake Corrective Action	×		×		×			
	A			8		C		2
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing arreement program if self-remediation iso't available under	Yes	No	Yes	No	Yes	°N N	Yes	No
lica	х		X		×			
supplemental Information. Provic	o questions	s on Sche	dule K. S	se instruct	tions			
5 (B)								
NPR IS CLOSELY MONITORING THE PRIVATE USE OF ITS BOND-FINANCED	FACILITY	.Y						
,								
DATE 1								
KEFLECTING ACTIVITY TO MARCH 31, 2015, OPINION DATED APRIL 21,	2015.						<b>MARKAT</b>	
		1						
				-				
				١				
						ō	chedule K (Fo	Schedule K (Form 390) 2016
JSA 6E1328 1.000						i		

Page 3

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Schedule

	tions (Continuad)
	struc
	edule K. See in
	) Schedule
	es to questions on Sched
	onses to di
	in for responses
	additional information for
	additional
	1. Provide
	nformation
	emental li
•	Suppl
	Part VI

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued)	Page 4
USA 6613291.000	rm 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

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

### 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.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection Inspection

 Name of the organization
 Employer identification number

 NATIONAL PUBLIC RADIO, INC.
 52-0907 625

THE BOARD OF DIRECTORS MAY, UPON THE RECOMMENDATION OF THE CHAIR AND BY RESOLUTION PASSED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DIRECTORS PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT, DESIGNATE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, VICE-CHAIR, PRESIDENT, THE CHAIR OF EACH OF THE ADDITIONAL COMMITTEES AND DESIGNATED BODIES DESIGNATED BY THE BOARD OF DIRECTORS (EXCLUDING ANY CHAIRS WHO ARE NOT DIRECTORS OF THE BOARD), AND OTHER DIRECTORS APPOINTED BY THE CHAIR, SUBJECT TO APPROVAL BY A MAJORITY OF DIRECTORS PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT. IF DESIGNATED, THE EXECUTIVE COMMITTEE SHALL MEET AT THE CALL OF THE CHAIR OR OF AT LEAST THREE (3) MEMBERS OF THE COMMITTEE. AT THE REQUEST OF THE CHAIR, 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 NO LATER THAN TEN DAYS BEFORE THE NEXT MEETING OF THE BOARD OF DIRECTORS REPORT TO THE ENTIRE BOARD OF DIRECTORS ANY ACTIONS IT TAKES EXERCISING THAT AUTHORITY. 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.

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
NATIONAL PUBLIC RADIO, INC.	52-0907625

MEMBERS OF THE ORGANIZATION: FORM 990, PART VI, LINE 6 ENTITIES INDEPENDENTLY LICENSING AND OPERATING PUBLIC RADIO STATIONS BECOME NFR MEMBERS BY MEETING CERTAIN REQUIREMENTS AND PAYING DUES TO NPR; IN EXCHANGE, MEMBERS MAY VOTE TO ELECT CERTAIN REPRESENTATIVES TO THE NFR 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 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

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
NATIONAL PUBLIC RADIO, INC.	52-0907625

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) DISQUALIEY 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 DISCUALIFICATION IS NECESSARY, THE DIRECTOR SHALL INFORM THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE OF THAT DISQUALIFICATION, AND IF THE DIRECTOR HAS NOT ALREADY DONE SO, THE CHAIR SHALL AS SOON AS POSSIBLE THEREAFTER INFORM THE OTHER DIRECTORS OR COMMITTEE MEMBERS AND NPR'S GENERAL COUNSEL OF SUCH DISQUALIFICATION. IN CERTAIN CIRCUMSTANCES, A DIRECTOR MAY REQUEST, IN A WRITING DIRECTED TO THE GENERAL COUNSEL, THAT A DISCLOSURE BE TREATED CONFIDENTIALLY. IF THERE IS ANY QUESTION AS TO WHETHER THERE IS A CONFLICT OF INTEREST, THE DIRECTOR, BOARD OR COMMITTEE 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.

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NATIONAL PUBLIC RADIO, INC.	52-0907625

SUCH MOTION SHALL BE MADE AT THE CHAIR'S INITIATIVE OR AT THE REQUEST OF ANY DIRECTOR. CONFLICTS OF INTEREST INVOLVING OFFICERS AND KEY EMPLOYEES OTHER THAN DIRECTORS ARE ADDRESSED IN A SIMILAR MANNER.

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

JOINT VENTURE POLICY: FORM 990, PART VI, LINE 16B NPR CONTINUES TO CONSIDER ITS OPTIONS REGARDING A JOINT VENTURE POLICY. IN THE MEANTIME, KEY NPR DEPARTMENTS INVOLVED IN THE DECISION MAKING PROCESS FOR NEW JOINT VENTURES HAVE BEEN EDUCATED AND FULLY UNDERSTAND THE REQUIREMENTS NECESSARY OF AN EXEMPT ORGANIZATION TO SAFEGUARD ITS 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 <

Schedule O (Form 990 or 990-EZ) 2016			Page 2
Name of the organization		Employer identification number	
NATIONAL PUBLIC RADIO, INC	C.	52-0907625	

HTTP://WWW.NPR.ORG/ABOUT-NPR/178660742/PUBLIC-RADIO-FINANCES>. ARTICLES OF INCORPORATION AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS: FORM 990, PART XI, LINE 9 ANNUAL SUPPORT DISTRIBUTION (1,744,925) NPM REVENUE, ADJ TO TAX BASIS 124,533 OTHER 195,937

TOTAL OTHER CHANGES IN NET ASSETS (1,424,455) <u>FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION</u> 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, LDEAS, 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

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
NATIONAL PUBLIC RADIO, INC.	52-0907625

### ATTACHMENT 2 (CONT'D)

BROADCAST PROGRAMMING REACHED A WEEKLY AUDIENCE OF OVER 30 MILLION PEOPLE. ABOUT 93% OF THE U.S. POPULATION IS WITHIN THE LISTENING AREA OF ONE OR MORE STATIONS THAT CARRY NPR PROGRAMMING. NPR PRODUCES AND/OR DISTRIBUTES 27 NEWS, TALK, MUSIC AND ENTERTAINMENT BROADCAST PROGRAMS, AND 18 PODCAST-ONLY PROGRAMS (APPROXIMATELY 4.7 MILLION AVERAGE UNIQUE WEEKLY USERS OF NPR-PRODUCED PODCAST PROGRAMS) AND 11.9 MILLION UNIQUE VISITORS TO NPR.ORG WEEKLY, MARKING AN INCREASE OVER THE PAST YEAR OF 54% FOR PODCASTS AND FOR NPR.ORG. ADDITIONALLY, NPR PROGRAMMING IS HEARD ON SATELLITE RADIO, HD RADIO, ITUNES RADIO, ON MEMBER STATION WEB STREAMS, AND INTERNATIONALLY. NPR ALSO BROADCASTS ITS PROGRAMMING TO THE U.S. MILITARY AND THEIR FAMILIES THROUGH THE ARMED FORCES RADIO NETWORK AND OTHER INTERNATIONAL SERVICES. SOME PROGRAMS PRODUCED AND/OR DISTRIBUTED BY NPR INCLUDE: MORNING EDITION, ALL THINGS CONSIDERED, WEEKEND EDITION, FRESH AIR, THE TED RADIO HOUR, ASK ME ANOTHER, 1A, 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 119 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

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Name of the organization	Employer identification number
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### ATTACHMENT 2 (CONT'D)

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 EDITING TOOLS TO PRODUCE JOURNALISM MORE PRODUCTIVELY, SECURING PODCAST LISTENERS AGAINST HACKING, INTEGRATING TOOLS FOR IMPROVING SOCIAL-MEDIA CONNECTIONS WITH THE PUBLIC, ADDING NEW TOOLS TO HELP MEMBER STATIONS AROUND THE COUNTRY RAISE FUNDS FOR JOURNALISM, BUILDING APPS FOR SMART SPEAKER AND CONNECTED TV PLATFORMS AND FEATURING MORE STATION CONTENT IN NPR ONE (A PERSONALIZED AUDI PLATFORM THAT LAUNCHED IN 2014).

NFR MERGED ITS DIGITAL SERVICES DIVISION, WHICH WORKS WITH PUBLIC BROADCAST STATIONS, INTO ITS DIGITAL MEDIA DIVISION, CREATING A UNIFIED PRODUCT DIVISION SUPPORTING BOTH NFR AND STATIONS. THE MERGED GROUP INTEGRATES AND EXPANDS DIGITAL SERVICES' MISSION TO GROW AND ENGAGE LOCAL AUDIENCES ACROSS PLATFORMS BY PROVIDING CONTENT, BUSINESS, AND TECHNOLOGY SUPPORT, WHICH ALLOWS STATIONS TO FOCUS ON MISSION-DERIVED LOCAL CONTENT, BRAND POSITIONING, AND REVENUE DEVELOPMENT. SOME OF THE STATION-ORIENTED PROJECTS THIS YEAR INCLUDED GREATER PRESENCE IN NPR'S LOCALIZED PRODUCTS, UPGRADES TO A STATION BRANDING SYSTEM, BEGINNING TO BUILD NEXT-GENERATION JOURNALISM EDITING TOOLS, DAILY SUPPORT OF LOCAL DIGITAL PUBLISHING, DEVELOPING DISTRIBUTED NETWORK BASED SYSTEMS AND TOOLS TO ADVANCE MEMBERSHIP DEVELOPMENT, AND CONVENING GATHERINGS OF STATIONS TO BUILD CONSENSUS AROUND SHARED GOALS AND

Page 2

Employer identification number 52-0907625

ATTACHMENT 2 (CONT'D)

### IDENTIFY FUTURE OPPORTUNITIES.

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 STATIONS, REGARDLESS OF SIZE, INCOME, ORGANIZATION, OR PROGRAMMING AFFILIATION. THE ANNUAL OPERATIONS OF THE PRSS ARE SUPPORTED BY THE FEES PAID BY BOTH PUBLIC AND COMMERCIAL CLIENTS FOR THEIR USE OF THE PRSS.

ATTACHMENT 4

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

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

Schedule O (Form 990 or 990-EZ) 2016 Name of the organization NATIONAL PUBLIC RADIO, INC.			Employer identificat 52-09076	
			ATTACHMENT 4	(CONT'D)
REGARDED EDUCATIONAL INSTITUTIONS, INCLUDING MA	NY TOP PUBLIC	AND		
PRIVATE COLLEGES AND UNIVERSITIES, AS WELL AS S	OME OF THE LA	RGEST	,	
MOST INFLUENTIAL STATION-BASED PUBLIC MEDIA ORG	ANIZATIONS IN	THE		
UNITED STATES. NPR'S FINANCIAL AND ORGANIZATION	IAL STRENGTH D	ERIVE	s	
IN SIGNIFICANT MEASURE FROM THE STRENGTH OF ITS	MEMBERS AND	THE		
NPR MEMBER NETWORK AS A WHOLE. NPR SERVES AND C	OLLABORATES W	ITH		
MEMBER STATIONS IN NEWSGATHERING AND REPORTING,	PROGRAM		F	
DEVELOPMENT, CULTURAL EVENTS AND PROGRAMMING, F	UNDRAISING, R	ADIO	X	
AND DIGITAL DISTRIBUTION, AND REPRESENTATION ON	ISSUES.	$\mathcal{O}$		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SER	WICEB		ATTACHMENT	5
DESCRIPTION	GRANTS		EXPENSES	REVENUE
CONSUMER PRODUCTS		0.	1,106,532.	. 30,72
TOTALS		0.	1,106,532.	30,72
			ATTACHMENT 6	
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES		:		
GERMANY				
RUSSIA				
			ATTACHMENT 7	
FORM 990, PART VI, LINE 17 - STATES		=		
AL, AK, AR, CA, CO, CT,				
DC,GA,HI,IL,KS,KY,ME,MD,MA,MI,				

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

Name of the organization NATIONAL PUBLIC RADIO, INC.	Em	ployer identification number 52–0907625
	ATT	ACHMENT 8
990, PART VII- COMPENSATION OF THE FIVE HIGH	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVI	CES COMPENSATION
WHYY INC 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106	ACQUIRED PROGRAMS	5,343,754.
TAPPET BROTHERS LLC 5 JOHN F. KENNEDY STREET, STE 304 CAMBRIDGE, MA 02138	ACQUIRED PROGRAMS	2,287,500.
SOUND PORTRAITS PRODUCTIONS INC. D/B/A STORYCORPS 80 HANSON PLACE BROOKLYN, NY 11217-1506	ACQUIRED PROGRAM	1,380,000.
C&W FACILITY SERVICES INC. 4002 SOLUTION CENTER CHICAGO, IL 60677-4000	JANITORIAL SERVICES	1,244,123.
ADMIRAL SECURITY SERVICES PO BOX 79776 BALTIMORE, MD 21279	SECURITY SERVICES	1,126,136.
RUT		

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SCHEDULE R (Form 990)	Ŭ ▲	Related Organizations and Unrelated Partnerships Muplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, o	d Unrelatec	I Partnersh	11 <b>pS</b> , 36. or 37.	<u></u>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Attach to Form 990. hedule R (Form 990) and its instr	Form 990. nd its instructions i	is at <i>www.irs.gov/f</i> o	orm990.		Open to Public
Name of the orga NATIONAL	Name of the organization NATIONAL PUBLIC RADIO, INC.					Employer identification ちクーのタクオムクモ	Employer identification number ちつーののフィクト
Part I	Identification of Disregarded Entities. Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33.	ered "Yes" on F	orm 990, Part IV	V, line 33.		222
	(a) Name, address, and EIN (if applicable) of disregarded entity	ā.	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(c) End-of-year assets	(f) Direct controlling
(1)				or toreign country)			entity
(2)							
(3)	\$				-		
141							
(#)							
(5)		11					
(6)		2	-				Provenue - Contractor Language
Partl	Identification of Related Tax-Exempt Organizations. Complete it one or more related tax-exempt organizations during the tax year.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year.	anization answe	ered "Yes" on Fo	orm 990, Part IV,	l line 34 because i	t had
·	(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 enliv?
a and a start	NDP POINDATION		5				Yes No
	ITOL STREET, NE WASHINGTON.	GENERAL SUPPT	DC	501 (C) (3)	509(A)(3)	NPR. TNC.	×
(2) NPR P	NPR MEDIA BERLIN GEMBH KURFURSTENDAMM 32 BERLIN, GM 10719	PROGR DISTRIB	WS	N/A	N/A		: >
(3) AMERI	AMERICAN COALITION FOR PUBLIC RADIO 821246245 1111 NORTH CAFITOL STREET, NE WASHINGTON, DC 20002	INFORMATION	DC	(C) (4)	Z/N		• >
(4)					× + /		<
(5)							
(9)							
(7)							
ror rape.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule F	Schedule R (Form 990) 2016

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NATIONAL PUBLIC RADIO, INC.

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Part III Identifica	ation of Relat it had one or	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.	s Taxable anization	e as a Partnersl s treated as a p	nip Complete if t artnership during	he organization the tax year.	1 answered "Ye	" on Forr	n 990, Part IV, I	line 34	7 260 1
(a) Name, address, and EIN of related organization	d ElN of ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(t) Dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion dispersion d	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
(1) NAT'L PUBLIC MEDIA 26-1156765 156 W 56 ST NEW YORK, NY 1001	PUBLIC MEDIA 26-1156765 56 ST NEW YORK, NY 10019 MEDIA UNDERWR	MEDIA UNDERWR	NX	NPR, INC.	RELATED	13, 11, 581	81 15 941 357	× vo		Yes No	
(2)			Q	1					-015 JOEF		10000
(3)			S	<u> </u>							
(4)								-			
(5)		-		0							
(9)					0						
(2)					2						
Part IV Identifica	ation of Relat ecause it hac	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	s Taxable ated orga	e as a Corporat anizations treate	ion or Trust. Cor d as a corporatio	nplete if the or	Complete if the organization answered "Yes" on Form 990, Part IV, ration or trust during the tax year.	ered "Ye	s" on Form 990	, Part IV,	
а Х Х	(a) , address, and EIN	(a) Name, address, and EIN of related organization		(b) Primary activity	ctivity Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) (g) Share of end-of-year assets	(h) Percentage sets ownership	) (i) htage Section ship 512(b)(13) controlled
						5					Yes No
(2)							ć		-		
(3)							78				
(4)											
(5)											
(9)											
(2)											
1.1											
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990. Part IV line 34	s" on Form 990. Par	t IV. line 34, 35h, or 36		2 afa
Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schoolula				
				Yes No
Beceive of (8) interest fill consistion (iii) and the constitution of (3) and for the constant of (8) interest fill constitution (iii) and the constitution (iiii) and the constitution (iii) and the const	or more related organizations listed in Parts II-IV?	ted in Parts II-IV?		
	• • • • • • • •	•	1a	×
b Unit, grant, or capital contribution to related organization(s)			L	×
c Gift, grant, or capital contribution from related organization(s)	•		-	: >
d Loans or loan guarantees to or for related organization(s)	• • • • • • • • • • •		1	
				×
			1e	×
f Dividende from related acconivation(a)				
	• • • • • •	· · · · · · · · ·		×
	•			×
n Furchase of assets from related organization(s).	•		41	×
i Exchange of assets with related organization(s).				×
j Lease of facilities, equipment, or other assets to related organization(s).				×
	· · · · · · · · · · · · ·			tteration in the
k Lease of facilities, equipment, or other assets from related organization is				
				4
<b>-</b>	• • • • • • • •		=	X
Shows of Foulities of the second of the seco	• • • • • • • • • •		1m	×
	• • • • • • • • •	•	11 1	X
o Sharing of paid employees with related organization(s)	· · · · · ·		_	X
p Keimbursement paid to related organization(s) for expenses.	-			X
g Reimbursement paid by related organization(s) for expenses	· · · · ·			×
			13.7	0.63 (b.e. 62)
r Other transfer of cash or property to related organization(s)				
0	· · · · · · · · · · · · · · · · · · ·		<u> </u>	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete th	its line, including cove	including covered relationships and transaction thresholds	action thresholds	
(a)		(2)		
Name of related organization	Transaction type (a-s)	Amount involved	(a) Method of determining amount involved	ining d
(1) NATIONAL PUBLIC MEDIA, LLC	B A	259,470.	EMV	
VPR FOUNDATION	Υ ,			
		17,503,747.	EMV	
(3) NATIONAL PUBLIC MEDIA, LLC	N	1,208,078.	EMV	
(4) NPR FOUNDATION	0	64,912.	FMV	
(5) NATIONAL FUBLIC MEDIA, LLC	<u>04</u>	14,004,562.	FMV	
(6) NPR MEDIA BERLIN GGMBH	д	126,430.	EMV	
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Part V Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990. Part IV. line 34. 35b or 36	ed "Yes" on Form 990, Pe	rt IV. line 34, 35b, or 36	D oFe 1
Note: Complete line 1 if any entity is listed in Dorte II. 11. ar 11. of this act of the			
<u>5</u>	more related organizations li	sted in Parts II-IV?	Yes No
a Recept of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s)	•••••••••••••••••••••••••••••••••••••••		13
c Gift, grant, or capital contribution from related organization(s).	•		10
d Loans or loan guarantees to or for related organization(s)		· · · · · · · · · · · · · · · · · · ·	14
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)		• • • • • • • • • •	11
h Purchase of assets from related organization(s),		· · · · · · · · · · · · · · · · · · ·	
i Exchange of assets with related organization(s).			11
			1. March 1.
k Lease of facilities, equipment, or other assets from related organization(s)			
I Performance of services or membership or fundraising solicitations for related organization(s)			
			1 1 1 1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		• • • • • • • • • • • •	111
			10
p Reimbursement paid to related organization(s) for expenses.			
q Reimbursement paid by related organization(s) for expenses		· · · · · · · · · · · · · · · · · · ·	10
· Other transfer of another a manual to the last of th			
Clifter transfer of cash or property to related organization(s)			
		this line including covered relationshins and francaction threasholds	rting threeholde
			cool ul estolos.
Name of related organization	Than saction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NPR FOUNDATION	\$	600,952.	FMV
(2) NATIONAL PUBLIC MEDIA, LLC	к И	24,280.	FMV
(3) AMERICAN COALITION FOR PUBLIC RADIO	۲	116,024.	FMV
(4)			
(6)			
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	ixable as a Partne	ership. Comp	lete if the orga	inization an	iswered "Yes	" on Form 99	90, Part IV	, line 37.		
Provide the following information for each entity taxed as a partnership through which the organization conducted more that or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a pa anization. See instru	rtnership throu Ictions regardii	igh which the or ng exclusion for	ganization c certain inves	conducted mo	re than five pe ships.	arcent of its	through which the organization conducted more than five percent of its activities (measured by total assets garding exclusion for certain investment partnerships.	sured by tota	l assets
(a) Name, address, and EIN of entity	(b) Primary aclivity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(9) Share of end-of-year assets	(h) Disproportionate allocalions?	() Code V - UBI armount In box 20 of Schedule K-1	U) General or managing partner?	(k) Percentage ownership
(4)			sections 512-514}	Yes No			Yes No		Yes No	
1=)										
(2)	<									
(3)	2									
	5									
(4)		5								
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		ر					•			
(6)		•	1							-
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			\$							•
(8)										-
(9)				X J						
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(11)										
(12)					3					
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(61)						2				f
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(16)										
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

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