

Form 990-T	E>	cempt Organization					m [	ОМВ	No. 1545-0687
Form JJU-I		(and proxy to					, , [		\@ <b>.4</b>
		ndar year 2016 or other tax year beg						2	(U) 16
Department of the Treasury Internal Revenue Service		formation about Form 990-T an						Open to F	Public Inspection for
A Check box if	<b>&gt;</b> ∪0	not enter SSN numbers on this form	c)(3). Open to Public Inspection for 501(c)(3) Organizations Only  D Employer identification number						
address changed		ones.	(Employees' trust, see instructions.)						
B Exempt under section		NATIONAL PUBLIC RA							
X 501( C)(3)	Print	Number, street, and room or suite no	52-0	907625					
408(e) 220(e)	or Type								ess activity codes
408A 530(a)	iype	1111 NORTH CAPITOI	STR	EET, NE			(See in	istructions.)	
529(a)		City or town, state or province, cour	itry, and	ZIP or foreign postal	code				
C Book value of all assets		WASHINGTON, DC 200	02			,	5418	00	515100
at end of year		up exemption number (See instru							
355,845,568.	G Che	ck organization type 🕨 🐰 50	)1(c) co	orporation		) trust	401(a)	trust	Other trust
		rimary unrelated business activity.							T
•		corporation a subsidiary in an af			subsidiary (	controlled group?		▶∟	Yes X No
		dentifying number of the parent of		ion. 🕨			0 513	2000	
		PR, DEBORAH A. COWA	.17			ne number > 20		-2000 T	(O) N-1
		or Business Income	<del></del>	(А) Ілсо	me	(B) Expens	ses		(C) Net
1a Gross receipts or s				1.876	5,511.	_( ) `			
b Less returns and allowar  Cost of goods sold		Ile A, line 7)		1	7,916.			1	
		? from line 1c			3,595.			-	608,595.
		tach Schedule D)							
		Part II, line 17) (attach Form 4797)						<del>                                     </del>	
		usts			$\overline{}$	***************************************		<u> </u>	······································
		s and S corporations (attach statemen		498	,946.	ATCH 1			498,946.
				,()					
		come (Schedule E)							
8 Interest, annuities, royalti	es, and rent	s from controlled organizations (Schedule f	8						1
9 Investment income of a	section 501	(c)(7), (9), or (17) organization (Schedule C	9						
•	-	come (Schedule I)		30,841	,416.	9,532	724.	2	1,308,692.
11 Advertising income	e (Schedu	.ie J)	91	1 7.00	000			<u> </u>	1 767 020
		ions; attach schedule)	12	33,716	,938.	ATCH 2	724.		1,767,938. 4,184,171.
13 Total, Combine lin	es 3 thro	ugh 12	13						
		be directly connected with					veebr in	JI COMUL	Julions,
···		lirectors, and trustees (Schedule A					. 14	ļ	100,624.
									1,313,476.
16 Repairs and mainte	enance				· • • • • ·		. 16		23,540.
							l l		
									500.
		ee instructions for limitation rules)							
		1562) <sub></sub>					<u>.  </u>		
· · · · · · · · · · · · · · · · · · ·		on Schedule A and elsewhere on					22b		84,320.
		ompensation plans							240,983.
								<u>-</u> -	1,290,692.
		chedule I)							1,290,092.
		hedule J)							995,961.
		hedule)						21	4,050,096.
		14 through 28							134,075.
		n (limited to the amount on line 3							134,075.
		income before specific deduction							
		lly \$1,000, but see line 33 instru							
		le income. Subtract line 33 f							
							1 1		^



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

Important information about your September 30, 2017 Form 990T

# 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 990T.

Your new due date is August 15, 2018.

What you need to do

File your September 30, 2017 Form 990T by August 15, 2018.

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

#### Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and rublications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3576).
- Keep this notice for your records.

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

. 40	Form	n 990-T (2016) NATIONAL PUBLIC RADIO, INC.	52-0907625	Page 2
Bellet your share of the S60,000, \$25,000, and \$5,935,000 taxable income brackets (in that order):	Pa	rt III Tax Computation		
a Enter your share of the \$60,000, \$25,000, and \$9,925,000 [saable income brackets (in that order): (1)\$  b Enter organization's share of (1) Additional 5% tax (not more than \$11,750).  c Income itax on the amount on line 34.  36 Trails Taxable at Trist Rate. See instructions for tax computation, income lax on the amount on line 34 from: 17 Tray tax See instructions 18 Alternative minimum tax 18 Alternative minimum tax 18 Alternative minimum tax 18 Tray on Non-Compliant Facility income. See instructions 19 Tax on Non-Compliant Facility income. See instructions 10 Total Add lines 37, 38 and 39 to line 35c or 38, whichever applies 10 Creat for pricy veer minimum tax (attach Form 300 (see instructions) 10 Creat for pricy veer minimum tax (attach Form 801 or 8827). 11 Tax on Non-Compliant Facility income. See instructions) 11 Tax on Non-Compliant Facility income. See instructions 19 Tevra 888	35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group		
to be Enter organization's share of: (1) Additional 5% tax (not more than \$11,750), \$  (2) Additional 3% tax (not more than \$100,000) \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% \$  5 Income tax on the amount on line 3% from:		members (sections 1561 and 1563) check here  See instructions and:		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750). S  c) Income (ax on the amount on line 34.  c) Charles of the amount on line 34 from: ☐ Tax rate see instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate seedule or ☐ Schedule O (Form 1041). ■ 35.  36 Trusta Taxabile at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate seedule or ☐ Schedule O (Form 1041). ■ 38.  37 Proxy tax. See instructions	ŧ	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(2) Additional 39k tax (not more than \$100,000)  c income tax on the amount on the 34.  c income tax on the amount on the 34.  36 Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on the 34.  37 Proxy tax. See instructions  38 Alternative minimum tax.  38 Alternative minimum tax.  39 Tax on Non-Compliant Facility Income. See Instructions  30 Tax on Non-Compliant Facility Income. See Instructions  30 Tax on Non-Compliant Facility Income. See Instructions  30 Tax on Non-Compliant Facility Income. See Instructions  40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.  41 Tax on Income tax on the amount of the above the seed of the se	ŀ			
c Income tax on the amount on line 34.  5 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	-	(2) Additional 3% tax (not more than \$100,000)	7 ]	
Trusts   Taxable   at Trust   Rates   See   instructions   for tax computation, Income   fax on   the amount on line 34 from:	c		- 35c	
37   38   38   38   39   37   38   38   38   38   38   38   38			1	
37   38   38   38   39   37   38   38   38   38   38   38   38		the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	- 36	
38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 41 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116). 41 Foreign tax credit (corporations attach Form 3800 (see instructions) 41 General business credit. Attach Form 3800 (see instructions) 41 General business credit. Attach Form 3800 (see instructions) 41 General business credit. Attach Form 3801 or 8827). 41 de Total credits. Add lines 41 through 41d 41 Cotal tax. Add lines 42 and 43, 42 Subtract line 41e from 1864 or	37		37	
18				
## Total Add lines 37, 38 and 39 to line 35c or 38, whichever applies.  ## Part IV Tax and Payments  ## 14 Foreign tax credit (copprations attach Form 1118; trusts attach Form 1118).				
Part IV   Tax and Payments	40	•		
41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	Pa			
b Other credits (see instructions), c General business credit. Altach Form 3800 (see Instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827).  410  410  411  412  Subtract line 41e from line 40. 30 ther taxes. Check if from! Form 4255  Form 8811  Form 8897 Form 8888  Other taxes. Check if from! Form 4255  Form 8811  Form 8897 Form 8888  Other dates schedule). 42  43 Other taxes. Check if from! Form 4255  Form 8811  Form 8897 Form 8888  Other dates schedule). 43 Other taxes. Check if from! Form 4255  Form 8811  Form 8897 Form 8888  Other dates schedule). 43 Other taxes. Check if from! Form 4255  Form 8811  Form 8897 Form 8888  Other dates schedule). 44 Total tax. Add lines 42 and 43. 45 Payments: A 2015 overpayment credited to 2016	41 a			
c General business credit. Altach Form 3800 (see instructions)			7	
d Credit for prior year minimum tax (attach Form 8801 or 8827)			7	
e Total credits. Add lines 41a through 41d  2 Subtract line 41e from line 40.  3 Other taxes. Check if from:	d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
Subtract line 41e from line 40.  42   43 Other taxes. Check if from: □ Form 4255 □ Form 8811 □ Form 8867 □ Form 8868 □ QMer (Nation schedule)   43   44 Total tax. Add lines 42 and 43   45 a Payments: A 2015 overpayment credited to 2016   45 a Payments: A 2015 overpayment credited to 2016   45 a Payments: A 2015 overpayment credited to 2016   45 a Payments: A 2015 overpayment credited to 2016   45 a Payments: A 2015 overpayment credited to 2016   45 a Payments: A 2015 overpayment credited to 2016   45 a Payments: A 2016 estimated tax payments   45 c   46 Foreign organizations: Tax paid or withheld at source (see instructions)   45 c   45 c   45 c   46 Total payments: □ Form 2439 □ Other □ Total payments   47 Estimated tax penalty (see instructions). Check if Form 2220 is allatched   48 Tax due. If line 46 is less than the total of lines 44 and 47 enter amount owerpaid   49 Overpayment. If line 46 is less than the total of lines 44 and 47 enter amount owerpaid   49 Overpayment. If line 46 is less than the total of lines 44 and 47 enter amount owerpaid   49 Tax due. If line 46 is less than the total of lines 44 and 47 enter amount owerpaid   40 Statements Regarding Certain Activities and Other Information (see instructions)   51 At any time during the 2016 calendar, vear did the organization have an interest in or a signature or other authority   vear   51 FincEin Form 114, Report of Poreign Bank and Financial Accounts. If YES, enter the name of the foreign country   x   52 During the tax year, did the organization may have to file   53 Enter the amount of tax-exempt interest received or accrued during the tax year   x   54 DeBORAH A. Cowan Authorities and Entered the remainded   x   55 Enter the amount of tax-exempt interest received or accrued during the tax year   x   55 Enter the amount of tax-exempt interest received or accrued during the tax year   x   56 Enter the amount of tax-exempt interest received or accrued during the tax year   x   56 Enter the amount of tax-exempt interest received or accrued durin			41e	
43 Other taxes. Check if from:			42	
44 Total tax. Add lines 42 and 43.  45a Payments: A 2015 overpayment credited to 2016  b 2016 estimated tax payments  c Tax deposited with Form 8668.  d Foreign organizations: Tax paid or withheld at source (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f Credit for small employer health insurance premiums (Attach Form 8941).  f State manufacture of 6 is larger than the total of lines 44 and 47 enter amount owed.  f Estimated tax penalty (see instructions).  f Estimated tax penalty (see instructions).  Credit for small employer for fines 44 and 47 enter amount owed.  f Estimated tax penalty (see instructions).  f Estimated tax penalty (see instructions).  f Estimated tax penalty (see instructions).  Credit for small employer for small employer for a signature or other authority over a financial account (bank, secbuses) and did the organization have an interest in or a signature or other authority over a financial account (bank, secbuses) and other information (see instructions)  f Yes No  p Statements Regarding Certan Activities and Other Information (see instructions)  f Yes No	43	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	43	
45 a Payments: A 2015 overpayment credited to 2016 b 2016 estimated tax payments c Tax deposited with Form 8868. d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) d Form 4136 g Other credits and payments: Form 2439 G Other Total payments. Add lines 45a through 45g. d Fortal payments. Add lines 45a through 45g. d Fortal payments. Add lines 45a through 45g. d Form 2230 is attached. d Fortal payments. If line 46 is less than the total of lines 44 and 47, enter amount owed d Verpayment. If line 46 is less than the total of lines 44 and 47, enter amount overpaid enter the amount of line 49 you want. Credited to 2017 estimated tax belief to 150.  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2016 calendar year did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here b GERMANY, RUSSIA  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fust?	44	Total tax. Add lines 42 and 43.	44	0.
b 2016 estimated tax payments	45 a			
c Tax deposited with Form 8868. d Foreign organizations: Tax paid or withheld at source (see instructions)				
d Foreign organizations: Tax paid or withheld at source (see instructions)				
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:  Form 4136  Total payments. Add lines 45a through 45g  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount ower  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Vovrpayment, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Vovrpayment, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Vovrpayment, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid  Tax due, If line 46 is less than the total of lines 44 and 47, enter amoun				
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47  48  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  Enter the amount of line 49 you want: Credited to 2017 estimated tax  Refunded  50  Fariv  Statements Regarding Certain Activities and Other Information (see instructions)  51  At any time during the 2016 calendar year of the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Poreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ GERMANY, RUSSIA  52  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			4	
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Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	47			
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At any time during the 2016 calendar year did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here GERMANY, RUSSIA  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				
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FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  GERMANY, RUSSIA  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	51			
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				x
If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Print/Type preparer's name  ELIZABETH W. HELLER  Firm's name  TATE & TRYON  Firm's address > 2021 L ST NW  Phone no. 202-293-2200				
Enter the amount of tax-exempt interest received or accrued during the tax year \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  DEBORAH A. COWAN Abbutuak A. Cow 8/8/2018 CFO AND TREASURER Signature of officer  Date  Print/Type preparer's name  ELIZABETH W. HELLER  Firm's name TATE & TRYON  Firm's address > 2021 L ST NW  Phone no. 202-293-2200	52		igii tiusti	
Sign Here    DEBORAH A. COWAN   Cow   8/8/2018   CFO   AND   TREASURER	<b>5</b> 3			
True, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  DEBORAH A. COWAN Author 6. Cow 8/8/2018 CFO AND TREASURER  Signature of officer Date Title  Print/Type preparer's name ELIZABETH W. HELLER  Firm's name ► TATE & TRYON  Firm's address ► 2021 L ST NW  Phone no. 202-293-2200		Linder penalties of periory I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowledge and	belief, it is
DEBORAH A. COWAN AUCUMAK A. Cow 8/8/2018	Siar	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Signature of officer  Date  Title  (see instructions)? X Yes No  Print/Type preparer's name  ELIZABETH W. HELLER  Preparer  Use Only  Firm's address ➤ 2021 L ST NW  Date  Reparer  Signature  Preparer's signature  Reparer's signature  Signature  Preparer's signature  Reparer's signature  Signature  Signature  Preparer's signature  Signatur	_			
Paid         ELIZABETH W. HELLER         ELIZABETH W. HELLER         ELIZABETH W. HELLER         Elizabeth W. Heller         8/8/2018         Check if self-employed self-employed         P00397829           Firm's name         ► TATE & TRYON         Firm's EIN ► 52-1855942           Firm's address         ➤ 2021 L ST NW         Phone no.         202-293-2200				
Paid         ELIZABETH W. HELLER         Construction (Self-employed)         8/8/2018         self-employed         P00397829           Preparer Use Only         Firm's name         ➤ TATE & TRYON         Firm's EIN ➤ 52-1855942           Phone no.         202-293-2200			kl lif l	
Use Only   Firm's name   Firm		ELIZABETH W. HELLER Consultation 8/8/2018 self-	1 200397	829
USe Only   Firm's address ▶ 2021 L ST NW   Phone no. 202-293-2200			s EIN ▶ 52-18559	42
	use 	CARLY TO THE PROPERTY OF THE P		

WASHINGTON, DC 20036

Form 990-T (2016)

4. Amount of average 5. Average adjusted basis 8. Allocable deductions 6. Column of or allocable to debt-financed property (attach schedule) acquisition debt on or 7. Gross income reportable (column 6 x total of columns 4 divided (column 2 x column 6) allocable to debt-financed by column 5 3(a) and 3(b)) property (attach schedule) % (1) % (2)% (3) % (4)Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).

Form 990-T (2016)

Total dividends-received deductions included in column 8 . . . . . . . . .

Page 4

Schedule F - Interest, Ann				ontrolled Org		<del>-</del>	,				
Name of controlled organization	2. Employer identification num	ine!	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income			6. Deductions directly connected with income in column 5	
(1)											
(2)									<b></b>		
(3)											
(4)											
Nonexempt Controlled Organi	izations										
7. Taxable Income	8. Net unrelated (loss) (see instru			Total of specifie payments made		includ	t of columned in the co ation's gros	ntrolling		Deductions directly nnected with income in column 10	
(1)										1200	
(2)					······································						
(3)											
(4)										dd columns 6 and 11.	
Totals	ocome of a Se		 c)(7),		<b>≻</b> Orga	Enter i Part I,	ere and on line 8, colu	page 1, mn (A).	Εn	ter here and on page 1, irt I, line 8, column (B).	
1. Description of income	2. Amount o			3. Deduct directly con (attach sch	ions nected	C	4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)								,			
(3)					. (	) `					
(4)											
Totals ► Schedule I - Exploited Exe	Enter here and Part I, line 9, c	olumn (A).	ier Th	an Advertis	sing In	come (s	ee instru	ctions)		Enter here and on page 1, Part I, line 9, column (8).	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business in	ses y with n of	4. Net incom from unrelate or business (i 2 minus colu If a gain, col cols. 5 throu	e (loss) ed trade column imn 3). mpute	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) ATCH 4											
(2)											
(3)	· · · · · · · · · · · · · · · · · · ·	•									
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A). 30, 841, 416.	Enter here a page 1, Pa line 10, col 9, 532,	art I, . (8).							Enter here and on page 1, Part II, line 26. 21, 290, 692.	
Schedule J - Advertising In	come (see instr	uctions)		<u> </u>				M			
Part I Income From Per	iodicals Report	ed on a Co	onsoli	dated Basi	is						
1. Name of periodical	2. Gross advertising income	3. Dîrect advertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5. Circulation income				7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)					ľ						
(3)					Ī					_	
(4)											
		······································							-		
Totals (carry to Part II, line (5))							<u> </u>			Form 990-T (2016)	

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising costs (column 6 gain or (loss) (col. 2. Gross 3. Direct 5. Circulation 6. Readership minus column 5, but 2 minus col. 3), If 1. Name of periodical advertising advertising costs income costs not more than a gain, compute income column 4). cols. 5 through 7, (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 27. line 11, col (A). line 11, col (B). Totals, Part II (lines 1-5). Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

3. Percent of 4. Compensation attributable to time devoted to 2. Title 1. Name unrelated business business (1) %

(2) ATCH 5 (3) PUBLIC INSPECTION (4) 100,624. Total. Enter here and on page 1, Part II, line 14. Form 990-T (2016)

Form 990-T, Part I, Line 5 FYE 09/30/2017

Ordinary Income from Partnerships	FEDERAL
National Public Media LLC	498,946
Total Ordinary Income (Loss) from LPs	498,946
	Q.
	9
	0
SX	

Form 990-T, Part I, Line 12

FYE 09/30/2017

Other Income

23,013 STUDIO RENTAL PUBLIC INSPECTION COPY

PUBLIC INSPECTION 1,744,925 DISTRIBUTION OF EXCESS SATELLITE CAPACITY 1,767,938 Total Other Income

## Form 990-T, Part I, Line 28

FYE 09/30/2017

#### Other Deductions

Professional Services	4,773
Connectivity	60,522
Communications  Travel  Deductible Meals  Lease  Occupancy  Printing  Supplies  Promotions  Postage and Freight  Employee Development  Equipment	4,855
Travel	27,160
Deductible Meals	154
Lease	9,089
Occupancy	139,522
Printing	36
Supplies	2,355
Promotions	6,385
Postage and Freight	9,171
Employee Development	1,790
Equipment	127,622
Administrative Cost	477,526
Bank charges and other fees	627
Investment Management Fees	110,216
Tax Preparation Fees	4,987
Miscellaneous	9,171
Total Other Deductions	995,961

SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME

	7.	EXCESS	EXEMPT	EXPENSES	21,290,692.	21,290,692.		
	6.	EXPENSES	ATTRIBUTABLE	TO COD: 5	21,308,692.			
ATTACHMENT 4		5.	GROSS INCOME	FROM ACTIVITY	18,000.			COPY
ATTAC		÷.	NET INCOME	OR (LOSS)	21,308,692.		SPEC	ONCORT
	s.	EXPENSES	DIRECTLY	CONNECTED	9,532,724.	8.532,7284.		
2.	GROSS	UNRELATED	BUSINESS	INCOME	30,841,416.	30,841,415.		
			1.	EXPLOITED ACTIVITY	UNQUALIFIED SPONSORSHIP ON ORG WEBSITE	COLUMN TOTALS		

ATTACHMENT 4

ATTACHMENT 5

#### SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BEACH, MICHAEL F. 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	VP, DISTRIBUTION	19.729969	47,478.
GARRISON, STANLEY M. 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	VP, TECH OPS&BROADCAST ENGING	19.730106	53,146.
TOTAL COMPENSATION	INSPECTION COR		100,624.

Form 990-T, Part I, Line 31 FYE 09/30/2017

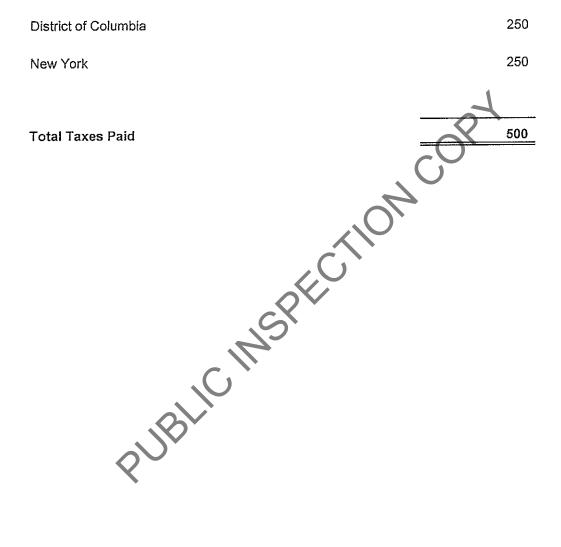
#### Net Operating Loss Carryforward

Fiscal Year Ended	Income (Loss) Incurred	Net Operating Loss Used/ Expired	NOL Carryforward available for next year			
9/30/1994	(320,635)	-	(320,635)			
9/30/1995	(324,624)	-	(645,259)			
9/30/1996	(388,320)	-	(1,033,579)			
9/30/1997	,	-	(1,033,579)			
9/30/1998	(590,045)		(1,623,624)			
9/30/1999	(481,708)		(2,105,332)			
9/30/2000	(562,220)	0	(2,667,552)			
9/30/2001	(15,110)	·CX	(2,682,662)			
9/30/2002	(601,984)	12	(3,284,646)			
9/30/2003	(1,113,126)	_	(4,397,772)			
9/30/2004	(1,150,153)	_	(5,547,925)			
9/30/2005	(1,313,092)	-	(6,861,017)			
9/30/2006	(2,557,159)	-	(9,418,176)			
9/30/2007	(1,915,834)	-	(11,334,010)			
9/30/2008	(1,050,477)	-	(12,384,487)			
9/30/2009	(621,965)	-	(13,006,452)			
9/30/2010	(181,951)	-	(13,188,403)			
9/30/2011	18,093	18,093	(13,170,310)			
9/30/2012	319,859	319,859	(12,850,451)			
9/30/2013	(700,146)	-	(13,550,597)			
9/30/2014	(1,112,643)	-	(14,663,240)			
9/30/2015	(1,383,701)	307,307	(15,739,634)			
9/30/2016	(1,112,613)	388,320	(16,463,927)			
9/30/2017	134,075	134,075	(16,329,852)			
arryforward to FYE			(16,329,852)			

Form 990-T, Part I, Line 19

FYE 09/30/2017

Taxes and Licenses



# Form 4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.
► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No. 179 ldentifying number

NATIONAL PUBLIC RADIO, INC.

52-09<u>07625</u>

Bus	iness or activity to which this form relates	***************************************						
(	ENERAL DEPRECIATIO	N						
P	Int I Election To Expense O Note: If you have any li				e you com	plete Part I.		
1	Maximum amount (see instructions)						1	
2	Total cost of section 179 property p							
3	Threshold cost of section 179 prope							
4 5	Reduction in limitation. Subtract line Dollar limitation for tax year. Subtract line 4 fro separately, see instructions	3 from line 2. If zero	or less, enter -	D				
6	separately, see instructions		<del></del>		usiness use on	(c) Flec	ted cost	
Ť	(a) Description	r or property		(6) 0031 (6	<u> </u>	(6) 2,100	100 0001	
	- VIII-1000						4	
7	Listed property. Enter the amount for	m line 20			1 7		1	_
8	Listed property. Enter the amount from Total elected cost of section 179 pro						8	-
9							9	
	Tentative deduction. Enter the smalle Carryover of disallowed deduction fr	er of little 5 of little 6 ,				( )	10	
10 11	Business income limitation. Enter th						• • • •	
	Section 179 expense deduction. Add					e o isee mande	12	
12						<del>*                                    </del>		
13	Carryover of disallowed deduction to :: Don't use Part II or Part III below for				13	<u>'  </u>		
	Special Depreciation A				louit include	lieted proper	tu \ /\$00	inetactions \
								III Structions.)
14	Special depreciation allowance for				property) pi	aced in servi	1	.
	during the tax year (see instructions)						14	
15 40	Property subject to section 168(f)(1) Other deposition (including ACRS)					. <i>.</i>		04 200
	Other depreciation (including ACRS)  rt     MACRS Depreciation (I					· · · · · · · · · · · · · · · · · · ·	16	0.7020
	MACKS Depreciation (	Jon t include listed	Sect		20(10113.)			
47	MACRO deductions for sector along	d (=					17	
	MACRS deductions for assets place							
18	If you are electing to group any a		-			•	<u>ai</u>	
	asset accounts, check here Section B - Assets						recistion	Syctom
	Section b • Assets	(b) Month and year	(c) Basis for	iepreciation	(d) Recovery	Ceneral Dep	COMMON	Dysteni
	(a) Classification of property	placed in service	(business/inve only - see in	esimeni use	period	(e) Convention	(f) Method	(g) Depreciation deduction
	3-year property							
	5-year property						ļ	
	7-year property	· <u> </u>					ļ <del></del>	
	10-year property	_						
	15-year property	_						
	20-year property		***************************************					
g	25-year property				25 yrs.		S/L	
	Residential rental				27.5 yrs.	MM	S/L	
	property		ļ		27,5 yrs.	MM	S/L	
	Nonresidential real				39 yrs.	MM	S/L	
	property	<u> </u>				MM	S/L	
	Section C - Assets P	laced in Service E	Ouring 2016	Tax Year	Using the A	Alternative De	T	1 System
	Class life						S/L	
	12-year				12 yrs.		S/L	
	40-year	<u> </u>			40 yrs.	MM	S/L	
Par	t IV Summary (See instructi	ons.)						
	Listed property. Enter amount from lir						21	
	Total. Add amounts from line 12, li	_					3	
	and on the appropriate lines of your re					· · · · · · · · · · · · · · · · · · ·	22	84,320
	For assets shown above and place			-	<b>I</b>			
	portion of the basis attributable to se	ction 263A costs	<i></i>		23			

P		perty (Include itertainment, rec				vehicle	s, ce	rtain air	craft,	certair	com	puters,	and p	roperf
	Note: For a	ny vehicle for wi	hich you are	using the	stand	ard milea	age ra	te or de	ducting	lease	expens	se, com	plete o	nly 24a
	· · · · · · · · · · · · · · · · · · ·	s (a) through (c) o			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>						·			
	· · · · · · · · · · · · · · · · · · ·	Depreciation and												VI
24	a Do you have evidend	1		nt use claim	ied?	Yes X		24b If "	<del></del>		ence Wri		Yes	X No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or othe		Basis for der (business/in use on	oreciation vestment	(f) Recovery period	Me	(g) thod/ vention		(h) reciation duction	Elected	(i) section 179 cost
25	Special depreciation the tax year and us									. 25				
26			<u> </u>						<u></u>	•				
			%				~~~~	Ĭ				·	1	
			%			•								
			%										]	
27	Property used 50%	or less in a quali	fied business u	ise:										
			%						S/L -		<u> </u>		_	
			%		[				S/L -	1			1	
			%				÷	<u> </u>	S/L -	7				
28	Add amounts in col	umn (h), lines 25	through 27. E	nter here	and on	line 21,	page 1		~V	. 28			<u> </u>	
29	Add amounts in col	umn (i), line 26. E	····						<u>)):</u>	<i>.</i> .	· · · ·	, 29	L	
				B - Infor										
Cor	mplete this section for your employees, first ans	vehicles used by	a sole proprie	etor, partne	er, or of	ther "more	e than	5% owne	r," or r	elated p	person.	If you p	rovided	vehicle
10 y	our employees, first ans	swer the questions i	n Section C to s		set an ex		Comp		1		<u> </u>		1 7	Λ.
				(a) Vehicle 1	Ιv	(b) /ehicle 2	N N	(c) chicle 3		d) icle 4		(e) hicle 5		f) icle 6
30								,						
	the year (don't inclu	_		<del></del>		$\overline{}$		*****						
31	Total commuting m	_	-		-	C	<u> </u>							
32	•	ersonal (nonco	1										ļ	
	miles driven				X						<u> </u>			
33	Total miles driver				V	•								
	lines 30 through 32		[	/an Na	Yes	s No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle		P01001101	es No	168	5 140	Tes	NO	168	NO	res	INU	169	110
	use during off-duty										<u> </u>			
35	Was the vehicle u		· // /											ĺ
20	than 5% owner or re	•	1	/			<del></del>	<del></del>						
36	Is another vehicle													
	use?			18/1	ha Dua	vida Va	hiolog	forling	by Th	oir Em	unlovo		<u> </u>	<u> </u>
۸ ـــ م	5ed swer these questions	tion C - Questio											who a	ran <sup>i</sup> t
	swer these questions re than 5% owners of				10 00	mpieurig	SECUI	וטו ם ווכ	VELIICIE	s useu	by em	hioyees	WIIO a	, en t
								ممامامام	مبادما	lina na		a by	Yes	No
37	Do you maintain a your employees?	• •										ig, by		
38	Do you maintain a	written policy s	statement tha	t prohibits	s perso	onal use	of ve	hicles, e	 xcept c	ommui	ing, b	y your		
•	employees? See the													
39	Do you treat all use			•										
	Do you provide m					tain info	rmatio	n from y	our er	nployee	s abo	ut the		
	use of the vehicles,													:
41	Do you meet the red				ile dem	 nonstratic	n use?	See ins	truction	s.)				
	Note: If your answe	er to 37, 38, 39, 4	0, or 41 is "Ye	s," don't c	complet	te Section	n B for	the cove	red veh	ricles.		,		
Pa	rt VI Amortization	on												
			(6)							(e	)			
	(a)	nacte	(b) Date amortizati	ion ,	•	C) ble amount		(d) Code sed	tion	Amorti: perio		Amortiza	(f) tion for th	is vear
	Description of	costs	begins		amortizak	ole amount		Joue sec	AUI	percen		CHICHTER	101 111	Just
42	Amortization of cost	s that begins duri	ng your 2016	tax year (s	see inst	tructions)	:							
43	Amortization of cost					. ,				. ,	43			
14	Total. Add amounts	s in column (f). Se	e the instructi	ions for wh	nere to	report .					44			
					–							For	m 4562	2 (2016)