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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 RSM McGladrey Inc 801 Nicollet Mall Suite 1100 Minneapolis, MN 55402 EIN Phone no (612) 573-8750	A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-20	08 and ending 06-30-2009)		
The composition Compositio	B Che	eck if ap	plicable	Please				D Employer	identification number
Termination Part	┌ Add	lress ch	ange	use IRS	·				
Special Community Spec	┌ Nar	ne char	nge	print or	Doing Business As			E Telephone	e number
	┌ _{Initi}	ıal retur	'n		Number and street (see D.O. hour form		>\ D /t-	(651) 29	0-1446
Position personal protection City or stans. sale are country, and ZP = 4	_			Instruc-		all is not delivered to street addres	ss) Room/suite	G Gross rec	eipts \$ 12,684,153
Figure September Septemb				tions.					
Figure and address of Principal Officer TON MOSTIN 480 Coder Street 51Paul, MN 51910 1						IP + 4			
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Tax-counts status							H(b) Are al	l affiliatos incl	Judada Evas ENa
Net New American Public New American New A	I Tax	x-exem	pt status	▼ 501(c)) (3) ◀ (insert no)	or 527			,
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See A distinct Table See A distinct Tabl	К Туре	e of org	anızatıon	Corporat	ion trust association other		L Year of Fo	rmation 1987	
Second	Pai	rt I	Sumr	nary					
Total number of employees (Part V, line 2a) 1					ne organization's mission or most	: significant activities			
Total number of employees (Part V, line 2a) 1	<u>≥</u>	See A	dditiona	ıl Data Tab	le				
Total number of employees (Part V, line 2a) 1	Ĕ	2	Check	this box 🦵	if the organization discontinued	its operations or disposed o	f more than 2	25% of its as	sets
Total number of employees (Part V, line 2a) 1	o¥e	3	Number	r of voting	members of the governing body (Part VI, line 1a)		•	311
Prior Year Current Year Current Year 10,000 842,561 10,000 842,561 10,000 842,561 10,000 842,561 10,000 842,561 10,000 842,561 10,000 842,561 10,000 842,561 10,000 842,561 10,000 10,344,896 4,628,527 11,000 10,344,896 4,628,527 12,000 10,344,896 4,628		4	Number	r of ındepeı	ndent voting members of the gov	erning body (Part VI, line 11	o)		411
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88 Contributions and grants (Part VIII, line 1h)	ă	ь	Net unr	elated bus	iness taxable income from Form	990-T, line 34			7b 0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				Current Year					
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 17,566,196 11,326,481 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 10,361,671 7,131,275 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 10,361,671 7,131,275 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,148,674 3,216,023 16 Professional fundraising fees (Part IX, column (A), line 11e)		8	Contrib	outions and	d grants (Part VIII, line 1h) .			10,000	842,561
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 17,566,196 11,326,481 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 10,361,671 7,131,275 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 10,361,671 7,131,275 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,148,674 3,216,023 16 Professional fundraising fees (Part IX, column (A), line 11e)	울	9	Progra	m service i	revenue (Part VIII, line 2g) .			4,457,19	3 5,564,944
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17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,660,473 1,748,952 18	₹	16a	Profes	sional fund	raising fees (Part IX, column (A)	, line 11e)			0
18	ਡੋ	ь	(Total fu	ındraısıng exj	penses, Part IX, column (D), line 25 $\frac{0}{}$)			
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Beginning of Year End of Year 148,978,892 143,618,950 148,978,892 143,618,950 34,114,247 57,180,774 22 Net assets or fund balances Subtract line 21 from line 20 114,864,645 86,438,176 Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please Signature of officer TOM KIGIN EXECUTIVE VP Type or print name and title Preparer's signature of Officer Firm's name (or yours of self-employed), address, and ZIP + 4 Minneapolis, MN 55402 EIN Phone no 1612) 573-8750		18	Total e	xpenses—	add lines 13-17 (must equal Pa	rt IX, line 25, column (A))		17,170,818	12,096,250
Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ****** 2010-05-13		19	Revenu	ue less exp	enses Subtract line 18 from line	12		395,37	-769,769
Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ****** 2010-05-13	\$ 8 8 8						Beginni	ng of Year	End of Year
Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ****** 2010-05-13	eren Hana	20	Total a	ssets (Par	t X, line 16)			148,978,89	143,618,950
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Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ****** 2010-05-13	5 E			•	,	n line 20		· · ·	' ' '
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ******* 2010-05-13								,,	
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			_			is return, including accompanying	schedules and s	tatements, and	to the best of my knowledge
Sign Here Signature of officer Date									
Paid Preparer's signature Collin F Buzzell Preparer's PTIN (See Gen Inst) EIN F EIN F Minneapolis, MN 55402			I B					-05-13	
Preparer's signature Collin F Buzzell Preparer's PTIN (See Gen Inst) Self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Minneapolis, MN 55402 Phone no Fig. 612) 573-8750			Signa	iture of office	er		Date		
Preparer's signature Collin F Buzzell Preparer's Signature Collin F Buzzell Preparer's Signature Collin F Buzzell Preparer's PTIN (See Gen Inst) RSM McGladrey Inc ### FIRM's name (or yours if self-employed), address, and ZIP + 4 ### Minneapolis, MN 55402 ### Preparer's PTIN (See Gen Inst)		-							
Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Minneapolis, MN 55402 Self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 Minneapolis, MN 55402 Self-empolyed Firm's name (or yours if self-empolyed), address, and ZIP + 4 Phone no (612) 573-8750			Type	or print nam	e and title				
Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 801 Nicollet Mall Suite 1100					F Buzzoll	l l		Preparer's PT	ΓΙΝ (See Gen Inst)
Use Only If self-employed), address, and ZIP + 4 801 Nicollet Mall Suite 1100 Minneapolis, MN 55402 EIN Phone no (612) 573-8750	Paid		signature	Collin I	I DUZZEII				
Minneapolis, MN 55402 Solit Minipoyed Phone no Minneapolis MN 55402 Minneapolis MN 55402	Prepa	arer's			RSM McGladrey Inc			FTN: b	
Minneapolis, MN 55402 Phone no ▶ (612) 573-8750	Use (Only			801 Nicollet Mall Suite 1100			EIN P	
								Phone no	(612) 573-8750
	Mav t	he IR	L S discus	s this retir	· · · · · · · · · · · · · · · · · · ·	? (See instructions)		<u> </u>	✓ Yes 「No

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

1	Briefly describe the organization's mission THE EXEMPT PURPOSE OF APMG IS TO PROV CALIFORNIA PUBLIC RADIO (SCPR), AND CLA EXEMPT SUBSIDIARY OF MPR				
2	Did the organization undertake any s	significant program se	rvices during the year w	hich were not listed on	□ Yes ▽ No
	the prior Form 990 or 990-EZ? . If "Yes," describe these new service	s on Schedule O			Yes ♥ No
3	Did the organization cease conducti		t changes in how it condu	ucts any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organizate others, the total expenses, and reve	ions and 4947(a)(1) t	trusts are required to rep		
4a	(Code) (Expenses APMG PROVIDES FINANCIAL AND MANAGEI ON INCOME RECEIVED FROM ITS TAXABLE TO MPR OF \$7,131,275 FROM ITS EARNED	MENT SUPPORT SERVICES SUBSIDIARIES, ITS ENDOV	WMENT, AND FROM OTHER SC	OURCES DURING FY2009 (TAX 20	008), APMG PROVIDED GRANTS
4b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses	¢	including grants of \$) (Revenue \$)
40	(code) (Expenses	₽	including grants of \$) (Revenue \$,
4d	Other program services (Describe	•	f #)/Pavanua d	\
4e	(Expenses \$ Total program service expenses \$	including grants of 10,997,65	·) (Revenue \$ ne 25, column (B).	,

art IV	Checklist	of Red	nuired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Parts VI, VIII, VIII, IX, or X as applicable	12		 N o
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		N o
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	20-		N. a
		28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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		No
37	Did the organization conduct more than 5 percent 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, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		5. Information Returns. Enter -0- if not applicable					
			1a	70			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	41.				
			1b	0			
С		he organization comply with backup withholding rules for reportable payments tong (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and Tax	_				
		ments filed for the calendar year ending with or within the year covered by this	a _	4.5			
	returr		2a	46			
D		least one is reported in 2a, did the organization file all required federal employm :If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during					
		n ⁷			3a	Yes	
b		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>			3b	Yes	
4a		ly time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		, or other illiancial	4a		No
b	If "Ye	es," enter the name of the foreign country					
	See t	he instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
		cial Accounts.					
5a		the organization a party to a prohibited tax shelter transaction at any time durir			5a		No
b		ny taxable party notify the organization that it was or is a party to a prohibited			5b		No
C		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> holter Transportion?	t Entit	y Regarding Prohibited	5c		
6a		helter Transaction?		• • •	- 5с 6а		N o
		es," did the organization include with every solicitation an express statement th			- Ou		110
_		not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo cont ?	trıbutı	on of \$75 or	7a		No
b	If "Ye	es," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		
c		he organization sell, exchange, or otherwise dispose of tangible personal proper		-			
		orm 8282?			7c		No
a	IT "Y e	es," indicate the number of Forms 8282 filed during the year	7d				
e		he organization, during the year, receive any funds, directly or indirectly, to pay					
		fit contract?			7e		No
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g		Il contributions of qualified intellectual property, did the organization file Form 8		·	7g		No
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi red?	ıle a F 	orm 1098-C as	7h		No
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a					
		<i>orting organizations.</i> Did the supporting organization, or a fund maintained by a s ss business holdings at any time during the	pons	oring organization, have			
		ss business notatings at any time during the			8		
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did th	he organization make any taxable distributions under section 4966?			9a		
b	Did th	he organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Sectio	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties	10b				
11	Secti	on 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders	44.				
h	Grace	s income from other sources (Do not net amounts due or paid to other sources	11a				
D		ist amounts due or received from them)	11b				
17~	Cast	on 4947(a)(1) non-evempt charitable tructs. In the committee file of Farm 200	. lier	of Form 10412	17-		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in es," enter the amount of tax-exempt interest received or accrued during the	ineu (лготт 1041′ 	12a		
D	year	enter the amount of tax-exempt interest received or accrued during the	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	 Governing	Body	and	Management	

			res	NO			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 11						
Ь	Enter the number of voting members that are independent 11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	6 Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ MN $\,$
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DOUG RODERICK 480 CEDAR STREET ST PAUL, MN 55101 (651) 290-1446

Part VII

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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 the organization did no	t compens	ate any	OHIC	ei, u	mec	ισι, τι	uste	e of key employee		
Check this box if the organization did no	(B)	Posii t	tion (cheo	ck a ')		uste	(D) Reportable	(E) Reportable	(F) Estimated amount of other
(A) Name and Title	Average hours per week	Individual Trustee or Director	stitutional Trustee	Officei	Ke) emplojee	nest compensated Notee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations

Part VIII Continued

(A) Name and Title	(B) Average hours per week		tion that Institutional Tru	appl Office	Highest compensat <u>employee</u>	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total		<u> </u>	stee	<u> </u>	<u>ē</u>	<u></u>	617,35	7 1,298,199	186,162

- Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3
- Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Nο For any individual listed online 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 5 Nο

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

(A) Name and business address	(B) Description of services	(C) Compensation
RESOLUTION INC PO Box 1624 BRAttleboro, VT 053011624	FULFILLMENT SERVICES	182,315
ACCOUNTEMPS PO BOX 60000 SAN FRANCISCO, CA 94160	STAFFING SERVICES	144,709
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
ints	b	Membership d	ues					
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	1b /ents 1c					
gift	d		izations1d					
rtions er sin	e f	All other contribut	tions, gifts, grants, and not included above	6,943				
itribu Otto	g		1f ributions included in					
Con	h	lines 1a-1f \$	 es 1a-1f) . . .		842,561			
		•	·	Business Code				
an e	2a	FIN'L & MGMT SU	JPPORT S	561,000	5,564,944	5,462,944	102,000	
wen	ь			,	, ,	, ,	,	
2 <u>4</u> 3v	с							
rw.	d							
33	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
<u>Ř</u>	g	Total. Add line ▶ \$ 5,564,944	es 2a-2f					
	3		come (including divi	·				
		other similar a	amounts)		5,410,853	5,281,054	129,799	
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties			56,714			56,714
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inc	ome or (loss)	>				
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other						
	ь	than inventory Less cost or other basis and	782,326					
	c	sales expenses Gain or (loss)	-782,326					
	d	Net gain or (lo	ess)	▶	-782,326			-782,326
	8a		from fundraising cluding					
<u> </u>		\$	 ns reported on line					
Other Revenue		1c) See Part						
æ		\$15,000	а					
her	ь		xpensesb					
ŏ	С		(loss) from fundrais	ing events				
	9a	Gross income activities See Complete Schel exceeds \$15,00	e part IV , line 19 dule G if total					
			а					
	ь		xpensesb					
	c		(loss) from gaming a	activities •				
	10a	returns and al	а	812,302				
	Ь		goods sold b	575,346	236,956	74,998	161,958	
	С	Miscellaneou	(loss) from sales of	Business Code	230,330	74,530	101,930	
	11a		M PARTNERSHI	561,000	-3,221		-3,221	
	ь							
	С							
	۔ ا	All other reve	nue					
	d e	Total. Add line						
				\$ -3,221	44 226 464	10.010.005	200 500	705.640
	12	8c,	. Add lines 1h, 2g, 3		11,326,481	10,818,996	390,536	-725,612

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,131,275	7,131,275		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	550,886	550,886		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,085,137	2,085,137		
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	123,402	123,402		
9	Other employee benefits	293,263	293,263		
10	Payroll taxes	163,335	163,335		
11	Fees for services (non-employees)				
а	Management				
b	Legal	93,906		93,906	
c	Accounting	421,375		421,375	
d	Lobbying	29,175		29,175	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	185,616		185,616	
g	Other				
12	Advertising and promotion	41,607	41,607		
13	Office expenses	76,981	12,173	64,808	
14	Information technology				
15	Royalties				
16	Occupancy	97,613	97,613		
17	Travel	27,967		27,967	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	49,338		49,338	
20	Interest	60,517		60,517	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,370		79,370	
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	OTHER PROGRAMMING	478,975	478,975		
b	UBIT TAXES	49,975		49,975	
c	OTHER ADMINISTRATIVE CO	36,550		36,550	
d	PRINTING & PUBLICATIONS	19,987	19,987		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,096,250	10,997,653	1,098,597	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet
PailA	Dalalice	Sileet

					(A)		(B	
	1	Cash—non-interest-bearing			Beginning of year	1	End of	year
	2	Savings and temporary cash investments			4,738,396	2		5,396,585
	3	Pledges and grants receivable, net			4,750,550	3		5,550,505
	4	Accounts receivable, net			170,417	4		1,156,013
	5	Receivables from current and former officers, directors, trustees	kov o	mpleyees or	170,417	-		1,130,013
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net	4,578,874	7		7,697,780		
	8	Inventories for sale or use			146,116	8		109,012
<u>s</u>	9	Prepaid expenses and deferred charges			59,149	9		253,405
Assets	10a	Land, buildings, and equipment cost basis	10a	687,046				
۹.	b	Laca pagumulatad danraqiation Complete Part I/I of	IUa		1			
	D	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь	604,793	157,623	10c		82,253
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII o	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Pof Schedule D.			13			
	14	Intangible assets		14				
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule	139,128,317	15	12	8,923,902		
	16	D Total assets. Add lines 1 through 15 (must equal line 34)			148,978,892	16	14	3,618,950
	17	Accounts payable and accrued expenses .			2,627,676			3,615,536
	18	Grants payable	2,021,010	18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20	2	2,300,000		
8	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>. च</u>		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		31,486,571	25	3	1,265,238	
	26	Total liabilities. Add lines 17 through 25			34,114,247	26	5	7,180,774
ر.		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lin	es 27				
ě		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			114,864,645	27	8	6,438,176
<u>е</u>	28	Temporarily restricted net assets				28		
Ξ	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d comp	lete				
S Of	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
AS	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Ŋĕţ	33	Total net assets or fund balances			114,864,645	33	8	6,438,176
2	34	Total liabilities and net assets/fund balances			148,978,892	34	14	3,618,950
-	rt XI	Financial Statements and Reporting						
Ра								

Dart YT	Einancial	Statements a	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organization olic Media Group	Employer identification number									
		·	36-3503764									
Pa	rt I	Reason for Public Charity Status (to be completed by all organizations) (S	ee Instructions	5)								
The	organı	zation is not a private foundation because it is (Please check only one organization)										
1	\sqcap	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	\sqcap	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Sc	hedule H)							
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
		hospital's name, city, and state										
5	\sqcap	An organization operated for the benefit of a college or university owned or operated by a go	overnmental unıt	describe	d ın							
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	\sqcap	A federal, state, or local government or governmental unit described in Section 170(b)(1)(a	A)(v).									
7	\sqcap	An organization that normally receives a substantial part of its support from a government	al unit or from the	general	public	:						
		described in Section 170(b)(1)(A)(vi) (Complete Part II)										
8	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)										
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		its support from gross investment income and unrelated business taxable income (less sec	ction 511 tax) fro	m busine	esses							
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part I	II)									
10	\sqcap	An organization organized and operated exclusively to test for public safety. See Section 5	09(a)(4). (See in	struction	ıs)							
11	▽	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I	9(a)(2) See Sect 11h		a)(3).	. Check						
e	굣	By checking this box, I certify that the organization is not controlled directly or indirectly be other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•		-							
f		If the organization received a written determination from the IRS that it is a Type I, Type I: check this box		porting o	rganız	ation,						
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?										
		(i) a person who directly or indirectly controls, either alone or together with persons descri	ıbed ın (ıı)		Yes	No						
		and (III) below, the governing body of the the supported organization?		11g(i)		Νο						
		(ii) a family member of a person described in (i) above?		11g(ii)		Νο						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		Νο						
h		Provide the following information about the organizations the organization supports										

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))		ation in listed in verning	the orga	ou notify anization i) of your port?	organız col (i) o	s the ation in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
MINNESOTA PUBLIC RADIO	410953924	7	Yes			No		No	7131275
THE FITZGERALD THEATER COMPANY	411429405	9	Yes			No		No	0
SOUTHERN CALIFORNIA PUBLIC RADIO	201417978	7	Yes			No		No	0
CLASSICAL SOUTH FLORIDA	954765734	7	Yes			No		No	0
Total									7,131,275

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 36-3503764

Name: American Public Media Group

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing		Is the organization in (i) listed in your governing		Is the organization in (i) listed in your governing		(v) Did you notify the organization in (i) of your support?		Did you notify the organization in (i) of your		Is	ation in nized in	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No																									
MINNESOTA PUBLIC RADIO	410953924	7	Yes			Νο		Νο	7131275																								
THE FITZGERALD THEATER COMPANY	411429405	9	Yes			No		No	0																								
SOUTHERN CALIFORNIA PUBLIC RADIO	201417978	7	Yes			Νο		Νο	0																								
CLASSICAL SOUTH FLORIDA	954765734	7	Yes			No		No	0																								

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

	me of the organization			Employer idei	ntıfıcatıon numbe	r
Am	erican Public Media Group			36-3503764	L	
a r	t I-A To be completed b	y all organizations exemp	t under section			
	organizations. (Se	e the instructions for Schedule	C for details.)			
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV		
2	Political expenditures				\$	
3	V olunteer hours					
Pai	To be completed b for Schedule C for de	y all organizations exempted	t under section	n 501(c)(3). (See the	instructions	
1	Enter the amount of any excise	tax incurred by the organization u	nder section 4955	5	\$	
2	Enter the amount of any excise	e tax incurred by organization mana	igers under sectio	n 4955	\$	
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	٠٦	☐ Yes	☐ No
4a	Was a correction made?				☐ Yes	┌ No
Ь	If "Yes," describe in Part IV					
Pai		y all organizations exempt for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3	5).
1	Enter the amount directly expe	nded by the filing organization for s	section 527 exemp	pt function activities	\$	
2	, , , , , , , , , , , , , , , , , , , ,					
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lin	es 1 and 2 and ent	ter here and on Form	\$	
4	Did the filing organization file F	form 1120-POL for this year?			☐ Yes	┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was I and promptly and directly delivere action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	al funds or were as a separate	ents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of contributions in and promptly directly delived separate poorganization enter -0	received ly and ered to a ditical If none,
					1	
					1	

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	under section 501(h)). (See the instructions for Schedule C for details.) organization belongs to an affiliated group organization checked box A and "limited control" provisions apply nits on Lobbying Expenditures— "expenditures" means amounts paid or incurred.) ures to influence public opinion (grass roots lobbying) ures (add lines 1a and 1b) expenditures xpenditures xpenditures (add lines 1c and 1d) nount Enter the amount from the following table in both a, column (a) The lobbying nontaxable amount is: 20% of the amount on line 1e \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 r \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 \$1,000,000 amount (enter 25% of line 1f) the 1a Enter -0 - if line g is more than line a at 1c Enter -0 - if line f is more than line c therethan zero on either line 1 h or line 1i, did the organization file Form 4720 reporting	(b) A ffiliated Group Totals	
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is:		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes Inter	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,500,000 Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 but not over \$1,000,000 \$100,000 plus 10% of the excess over \$1,500,000 Over \$17,000,000 but not over \$1,000,000 \$100,000 plus 10% of the excess over \$1,500,000 Over \$17,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0- if line g is more than line a Subtract line 1g from line 1c Enter -0- if line f is more than line c If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the provisions and affiliate the provisions apply Limits of the filling g is more than line c If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the provisions and affiliate groups and affi	To be completed by organizations exempt under section 501(c)(3) that filed Form 5 (election under section 501(h)). (See the instructions for Schedule C for details.) Check If the filing organization belongs to an affiliated group Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 but not over \$17,000,000 Farssroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1f from line 1c Enter -0 - if line f is more than line c If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
с	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line d, column (e))								
f	Grassroots lobbying expenditures								

	······································		, age
Part II-B	To be completed by organizations exempt under section 501(c)(3) that h	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for	r details.)	

		(a	1)	(b)
		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			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		29,175
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νο	
j	Total lines 1c through			29,175
_	11		1	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493134029450

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	me of the organization erican Public Media Group		Employer identification number
AIII	encan rubiic rieula Group		36-3503764
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		
_	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete		o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat	on or pleasure)	historically importantly land area rtified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement
	on the last day of the tax year		
_			Held at the End of the Year
a	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ition easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
ar	Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
ь	Assets included in Form 990 Part Y		b ¢

Par	Organizations Maintaining Collections of Art,	His	tori	cal Treas	sures, or O	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ie foll	owing that	are a sıgnıfıca	nt us	se of its co	llection	I	
а	Public exhibition	d	Γ	Loan or ex	cchange progr	ams				
b	Scholarly research	e	Γ	Other						
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIV	n how	v the y	further the	e organızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p						ılar	Γ,	Yes	┌ No
Pa	Trust, Escrow and Custodial Arrangements. C Part IV, line 9, or reported an amount on Form 990				ganızatıon a	nsw	ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	ıary	for c	ontributions	s or other ass	ets r	iot	Γ,	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table	!			_					
					_			A mou	nt	
c	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form 990, Part X, line	21?						Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if the organization									
_	(a)Current Year	(b)Prior	Year (c)	Two Years Back	(d)	Three Years E	Back (e)	Four Ye	ears Back
1a	Beginning of year balance									
b	Contributions									
с	Investment earnings or losses22,079,056									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year end balance held as	;								
а	Board designated or quasi-endowment 100 000 %									
ь	Permanent endowment • 0 %									
с	Term endowment ▶ 0 %									
ъ 3а	Are there endowment funds not in the possession of the organizat	ion t	that a	re held and	d administered	d for i	the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		Νo
_	(ii) related organizations	•						3a(ii)		No
	If "Yes" to 3a(II), are the related organizations listed as required					•		3b		
4	Describe in Part XIV the intended uses of the organization's endo				B- 1 1/ 1	10				
Pā	rt VI Investments—Land, Buildings, and Equipmen	τ. 5		•			1			
	Description of investment) Cost or othersis (investmen			(c) Depre	ciation	(d) Bo	ook value
1a	Land						า			
	Buildings	ı								
c	Leasehold improvements	•			18	1,909		177,480		4,429
	Equipment	•			50	5,137		427,313		77,824
е	Other									

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Total. (Column (b) should equal to mi 350, Part X, Col (b) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation -year market value
7.1 (0.1 (1.1 (1.5 (0.2 0.1 (1.1 (1.5 (0.2 0.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	ne 15		
(a) Descrip			(b) Book value
Earned Endowment for MPR			103,384,729
APM DESIGNATED FUNDS			4,763,224
long TERM DEFERRED TAX ASSET			142,200
goOD WILL AND BROADCAST LICENSES			20,246,276
other assets			17,900
debt issuance costs			345,585
apHC FILM INVESTMENT			23,988
Table (Column (b) about a small sure 200 D 1 V 1/D)	(5.)		430.000.000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		<u> </u>	128,923,902
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO MPR CAPITAL CAMPAIGN	6,730,664		
EQUITY CONTRIBUTION PAYABLE	2,586,909		
LOAN OF MPR EBS PROCEEDS	21,826,051		
INTEREST RATE SWAP	58,766		
OTHER LT OBLIGATIONS	62,848		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	31,265,238		

_	Total revenue (Form 990, Fait VIII, Column (A), me 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	FROM THE PROCEEDS OF PAST SUCCESSFUL BUSINESS VENTURES THE APMG BOARD OF TRUSTEES CREATED A QUASI-ENDOWMENT FOR THE BENEFIT OF MINNESOTA PUBLIC RADIO (THE EARNED ENDOWMENT) THE EARNED ENDOWMENT INVESTMENT POLICY PROVIDES AN ANNUAL DRAW OF BETWEEN 4 5 AND 5 5 PERCENT OF FIVE-YEAR AVERAGE MARKET VALUE OF THE EARNED ENDOWMENT'S ASSET, WHICH IS GRANTED TO MPR TO SUPPORT MPR'S PROGRAM SERVICES
Part X	Description of Uncertain Tax Positions Under FIN 48	THE ORGANIZATION AND ITS AFFILIATES FILE INCOME TAX RETURNS IN THE US FEDERAL JURISDICTION AND VARIOUS STATES AS OF JUNE 30, 2009, AND FOR THE YEAR THEN ENDED, THERE ARE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO US FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE THE YEAR ENDED JUNE 30, 2005

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DLN: 93493134029450

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

Name of the organization	Employer identi	Employer identification number					
A merican Public Media Group						36-3503764	
Part I General Inforn	nation on Gran	ts and Assistance				1	
Does the organization mai the selection criteria used Describe in Part IV the or	d to award the gran ganızatıon's proce	ts or assistance? dures for monitoring the	use of grant funds in th	e United States			
Form 990, Part I Part IV and Sche	V, line 21 for an edule I-1 if addit	y recipient that recei ional space is	ved more than \$5,00	0. Check this box if	es. Complete if the or	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA PUBLIC RADIO480 CEDAR STREET ST PAUL, MN 55101	41-0953924	501 (c)(3)	7,131,275		воок		SUPPORT
2 Enter total number of sect				_			1
organizations 3 Enter total number of other							• 0
	Trgamzations i						- L-I- T (T 000) 2222

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 AMERICAN PUBLIC MEDIA GROUP (APMG) MANAGES AN ENDOWMENT AND CERTAIN OTHER FUNDS FOR THE BENEFIT OF MINNESOTA PUBLIC RADIO (MPR) BASED ON THE APPROVAL OF THE APMG BOARD OF TRUSTEES, APMG PROVIDES OPERATING AND SPECIAL PURPOSE GRANTS TO MPR

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DLN: 93493134029450

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Employer identification number Name of the organization American Public Media Group 36-3503764 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the

organization's CEO/Executive Director Check all that apply

Compensation committee

Independent compensation consultant

Compensation survey or study

Form 990 of other organizations

Approval by the board or compensation committee

During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

4a	Νo
4b	Νo

 4b
 No

 4c
 No

5a Yes 5b Yes

5b Yes

6a Yes 6b Yes

7 No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
MARK ALFUTH	(I) (II)	212,613	40,829	497	19,350	7,475	280,764	138,307	
THOMAS KIGIN	(I) (II)	250,537	88,380	13,826	24,437	7,697	384,877	179,825	
WILLIAM H KLING	(I) (II)	414,603	172,958	16,912	42,248	7,617	654,338	303,377	
JON MCTAGGART	(I) (II)	259,413	80,190	1,380	26,264	7,209	374,456	188,048	
MARY NEASE	(I) (II)	191,640	40,160	11,263	18,012	9,047	270,122	128,177	
	(ii) (i)								
	(ii) (i)								
	(ii) (i)								
	(ii) (i)								
	(ii) (i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 5	EVERY MEMBER OF THE SENIOR MANAGEMENT TEAM IN THE APM GROUP, INCLUDING APMG, PARTICIPATES IN AN ANNUAL AT-RISK COMPENSATION PLAN (THE PLAN), WHICH PROVIDES THAT A CERTAIN PERCENTAGE OF THEIR BASE SALARY IS AVAILABLE IN THE FORM OF AT RISK COMPENSATION AT YEAR END BASED ON AN EVALUATION OF PERFORMANCE AGAINST GOALS A PORTION OF THE EVALUATION AGAINST GOALS IS DETERMINED BY THE SCORE ON OVERALL COMPANY OBJECTIVES - INCLUDING REVENUE AND NET (FINANCIAL MEASURE), ANNUAL OBJECTIVES (ANNUAL OBJECTIVES MEASURE), AND PERSONAL ACHIEVEMENT AGAINST GOALS (INDIVIDUAL MEASURE) ACHIEVEMENT AGAINST COMPANY OBJECTIVES, INCLUDING FINANCIAL AND ANNUAL OBJECTIVES, IS DETERMINED BY THE PERSONNEL AND COMPENSATION COMMITTEE (PCC), FOR THE CEO, PERSONAL ACHIEVEMENT AGAINST GOALS IS ALSO DETERMINED BY THE PCC
	Part I, Line 6	EVERY MEMBER OF THE SENIOR MANAGEMENT TEAM IN THE APM GROUP, INCLUDING APMG, PARTICIPATES IN AN ANNUAL AT-RISK COMPENSATION PLAN (THE PLAN), WHICH PROVIDES THAT A CERTAIN PERCENTAGE OF THEIR BASE SALARY IS AVAILABLE IN THE FORM OF AT- RISK COMPENSATION AT YEAR END BASED ON AN EVALUATION OF PERFORMANCE AGAINST GOALS A PORTION OF THE EVALUATION AGAINST GOALS IS DETERMINED BY THE SCORE ON OVERALL COMPANY OBJECTIVES - INCLUDING REVENUE AND NET (FINANCIAL MEASURE), ANNUAL OBJECTIVES (ANNUAL OBJECTIVES MEASURE), AND THE REMAINDER ON PERSONAL ACHIEVEMENT AGAINST GOALS (INDIVIDUAL MEASURE) ACHIEVEMENT AGAINST COMPANY OBJECTIVES, INCLUDING FINANCIAL AND ANNUAL OBJECTIVES, IS DETERMINED BY THE PERSONNEL AND COMPENSATION COMMITTEE (PCC), FOR THE CEO, PERSONAL ACHIEVEMENT AGAINST GOALS IS ALSO DETERMINED BY THE PCC
		
	 	1
	 	
	+	
	 	

DLN: 93493134029450

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** Employer identification number

A m	nerican Public Media Group									36-3503	764				
Р	art I Bond Issues (Required	d for 2008)													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	(f) Description of Purp		(g) De	(g) Defeased		(h) O n Behalf of Issuer	
											Yes	No	Yes	No	
A	MIAMI-DADE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY FLORIDA	59-1662816	59333CAR8	12-11-	2008	22,	.300,000	SEE SCHEI	OULE O			х		x	
Pa	art III Proceeds (Optional for	· 2008)												<u> </u>	
					4	ı	3		C	D	ı		E		
1	Total Proceeds of Issue														
2	Gross Proceeds in Reserve Funds	5													
3	Proceeds in Refunding or Defeasa	ance Escrows													
4	Other Unspent Proceeds														
5	Issuance Costs from Proceeds														
6	Working Capital Expenditures from Proceeds														
7	Capital Expenditures from Procee	eds													
8	Year of Substantial Completion														
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
9	Were the bonds issued as part of	a current refunding iss	sue?												
10	Were the bonds issued as part of	an advance refunding	ıssue?												
11		ds been made?													
12															
Pa	rt IIII Private Business Use	(Optional for 2008))									-	<u> </u>		
					١	ı	3			D	ı		E		
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
1	Was the organization a partner in which owned property financed by		mber of an LLC,												
2	Are there any lease arrangements which may result in private busing		nanced property												
For	Panerwork Reduction Act Notice see th	ne Instructions for Form	990			Cat No. 501	03E			Sc	hedule K	Form 991	1) 2008		

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A B		(С	I	D	E			
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	В		С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

	Name of the organization werican Public Media Group							Employer identification number						
						36	6-350	3764	4					
Part I	Excess Benefit Transac	tions (se	ction 501(c)(3) and section 50:	1 (c)(4	l) organı	zatıoı	ns on	ıly).					
	To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ								<u>', Part</u>	, Part V , line 40b				
1	(a) Name of disqualifie	d person		(b) Des	criptio	n of transa	action			<u>(</u>	c) Corr	ected		
	. ,	•		(2) 5 6 6						\rightarrow	Yes	No		
											\longrightarrow			
											\longrightarrow			
										\rightarrow				
										\rightarrow				
											\longrightarrow			
2 Ente	er the amount of tax imposed on	the organi	zation mana	igers or disqualified per	sons du	iring the y	earu	nder						
	tion 4958	_							\$					
3 Ente	er the amount of tax, if any, on li	ne 2. abov	e. reimburse	ed by the organization .				•	\$					
Part II														
raitii	To be completed by organiza				TV . line	e 26. or Fo	orm 9	90-F	7. Part	V. line	- 38a			
					1	2 20 / 31 1	(f)			T				
(-) N	ame of interested person and	(b) Loar		(c)Original principal			(e)	(e) In Approve			ed (g) Written			
(a) N	purpose	organiza		amount	(d)Balance due		l '			l or agreement?				
	F 3.7F 3.2	<u> </u>						- I N		committee?		T		
		То	From				Yes	No	Yes	No	Yes	No		
										├				
										├─	+			
										\vdash	+			
										├──	+			
											+	 		
otal .				> s						Ь		<u> </u>		
Part III	Grants or Assistance E			<u>'</u>										
raitiii	To be completed by orga				90 Pa	art IV lır	ne 27							
	· · · · ·			p between interested pe										
(a	Name of interested person	\'\'	and the organization			(c) A m	(c)A mount of grant or type of assist				ıssısta	nce		

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
GATHER INC	WILLIAM KLING IS A STAFF OFFICER OF APMG AND A BOARD MEMBER OF GATHER, INC	·	APMG LOANED \$192,000 TO GATHER, INC AS A CONVERTIBLE NOTE APMG HAS A \$4,739,000 INVESTMENT IN GATHER, INC		No
-					

DLN: 93493134029450

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization American Public Media Group Employer identification number

36-3503764

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE ARTICLES OF INCORPORATION WERE AMENDED AND RESTATED TO INCLUDE LANGUAGE REGARDING THE ORGANIZATION'S PROPERTY AND DISTRIBUTION OF ASSETS UPON DISSOLUTION, A CHANGE REQUIRED TO OBTAIN CALIFORNIA INCOME AND PROPERTY TAX EXEMPTION AS THE OWNER OF RADIO STATION KPCV, APMG DOES BUSINESS AND OWNS PERSONAL PROPERTY AND TRADE FIXTURES IN CALIFORNIA, THEREFORE, APMG NEEDED TO QUALIFY FOR TAX EXEMPT STATUS IN CALIFORNIA

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section A, line 7a		The Chair of the Minnesota Public Radio Board of Trustees is an ex-officio member of the APMG Board of Trustees					

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		FORM 990 IS PREPARED UNDER THE DIRECTION OF THE ORGANIZATION'S BOARD OF TRUSTEES' AUDIT COMMITTEE AND IS PROVIDED TO EACH MEMBER OF THE BOARD PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION SURVEYS ITS OFFICERS, TRUSTEES, AND KEY EMPLOYEES ANNUALLY FOR POTENTIAL CONFLICTS OF INTEREST THE SURVEYS ARE DOCUMENTED AND INFORM TRANSACTIONS AND VOTING IN ORDER TO AVOID ACTUAL CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE PERSONNEL AND COMPENSATION COMMITTEE (PCC) OF THE BOARD IS CHARTERED WITH THE ORGANIZATION'S OVERALL COMPENSATION PHILOSOPHY AND RESPONSIBILITY FOR SETTING AND/OR APPROVING THE SPECIFIC COMPENSATION PACKAGES OF ITS OFFICERS AND KEY EMPLOYEES THE PCC MAKES ITS COMPENSATION DECISIONS BASED ON THE FOLLOWING INPUTS MARKET DATA SUBSCRIBED TO BY THE ORGANIZATION, RECOMMENDATIONS BY THE ORGANIZATION'S HUMAN RESOURCES AND MANAGEMENT TEAMS, AND THE PCC'S EXTERNAL COMPENSATION CONSULTANT IN ADDITION, THE PCC ESTABLISHES THE ANNUAL AT-RISK COMPENSATION PLAN (THE PLAN) TO ENABLE THE ORGANIZATION TO ATTRACT, RETAIN, AND MOTIVATE KEY MANAGEMENT TALENT BY PROVIDING TOTAL COMPENSATION THAT IS COMPETITIVE WITH THE MARKET AND HAS THE OBJECTIVES TO A) FOCUS MANAGEMENT EFFORTS ON KEY ANNUAL FINANCIAL AND STRATEGIC RESULTS AND B) ENCOURAGE TEAMWORK AND INDIVIDUAL PERFORMANCE BY PROVIDING REWARDS FOR ACHIEVEMENT OF APM GROUP GOALS, AS WELL AS INDIVIDUAL AND DEPARTMENTAL PERFORMANCE OBJECTIVES EACH MEMBER OF THE SENIOR MANAGEMENT TEAM PARTICIPATES IN THE PLAN, WHICH PROVIDES THAT A CERTAIN PERCENTAGE OF THEIR BASE SALLARY IS AVAILABLE IN THE FORM OF ATRISK COMPENSATION OF THE EVALUATION AGAINST GOALS SID DETERMANCE AGAINST GOALS THE TOTAL COMPENSATION OPPORTUNITY IS BENCHMARKED EXTERNALLY THROUGH PCC'S EXTERNAL CONSULTANT A PORTION OF THE EVALUATION AGAINST GOALS IS DETERMINED BY THE SCORE ON OVERALL COMPANY OBJECTIVES — INCLUDING REVENUE AND NET (FINANCIAL MEASURE), AND ANNUAL OBJECTIVES (ANNUAL OBJECTIVES, INCLUDING FINANCIAL AND ANNUAL OBJECTIVES, IS DETERMINED BY THE PCC, AS IS ACHIEVEMENT AGAINST PERSONAL GOALS FOR THE CEO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND OTHER FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE, BY REQUEST TO HAVE THE DOCUMENTS RECEIVED VIA E-MAIL OR THE POST, OR IN PERSON AT ITS OFFICES AT 480 CEDAR STREET, SAINT PAUL, MN 55101 A FEE MAY APPLY FOR COPYING AND MAILING COSTS ASSOCIATED WITH THE REQUEST

ldentifier Return Reference		Explanation					
FORM 990, SCHEDULE K, PART I, LINE A, COLUMN F		TO FINANCE THE PURCHASE OF I - BROADCAST LICENSE FOR WKCP 89 7 FM IN MIAMI, FLORIDA II - RADIO TRANSMISSION EQUIPMENT AND III - CONSTRUCTION OF A BROADCAST CENTER IN FORT LAUDERDALE, FL					

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 14	WRITTEN DOCUMENT RETENTION POLICY	The organization had written document retention and destruction policies in place in key areas during the filing period. However, because written policies were not in place for all areas of the organization, this question was answered "no". A comprehensive written document retention and destruction policy has since been developed and will be applicable for the next filing period (tax year 2009).

DLN: 93493134029450

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Name of the organization American Public Media Group Employer identification number

36-3503764

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tay-Eyempt Organizat	ions				

Part II Identification of Related Tax-Exempt Organizations

(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
CLASSICAL SOUTH FLORIDA 1 SE 3RD AVENUE SUITE 2800 MIAMI, FL331311700 26-1417978	PROVIDE THE HIGHEST QUALITY CLASSICAL MUSIC PROGRAMMING & INTERACTIVE MEDIA	FL	501(C)(3)	170(B)(1) (A)(VI)	AMERICAN PUBLIC MEDIA GROUP
THE FITZGERALD THEATER COMPANY 480 CEDAR STREET ST PAUL, MN55101 41-1429405	PROVIDE VALUABLE REHEARSAL & PERFORMANCE SPACE	MN	501(C)(3)	509(A)(2)	MINNESOTA PUBLIC RADIO
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN55101 41-0953924	ENHANCING LIVES AND EXPANDING PERSPECTIVES OF ITS AUDIENCE	MN	501(C)(3)	170(B)(1) (A)(VI)	AMERICAN PUBLIC MEDIA GROUP
SOUTHERN CALIFORNIA PUBLIC RADIO PO BOX 93845 PASADENA, CA93845 95-4765734	HIGHEST QUALITY RADIO SERVICE FOR SOUTHERN CALIFORNIA	CA	501(C)(3)	170(B)(1) (A)(VI)	AMERICAN PUBLIC MEDIA GROUP
OAKLEAF ENDOWMENT TRUST FOR MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN55101 41-6429971	MAKES GRANTS TO HELP MAINTAIN & ENHANCE THE QUALITY OF MPR	MN	501(C)(3)	509(a)(3) - I	MINNESOTA PUBLIC RADIO

(A) Name, address, and EIN of related organization	(B Primary a) activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate :ions?	(I) Code V—UBI ar on Box 20 of K	nount m	(J) eneral o nanaging partner?
								Yes	No	1	Y	es No
												+
												+
												_
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Part IV Identification of R	elated Or	I	Taxable as	s a Corporatio	n or Trust	(E)	(F)			G)	(H)	
Name, address, and EIN of related org	anızatıon	(B) Primary activity	y Le	egal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	2	Sha end-c	ire of of-year sets	Percenta ownersi	age
GREENSPRING COMPANY 480 CEDAR STREET ST PAUL, MN55101 41-1904483		MANAGEMENT SERVICES		MN	AMERICAN PUBLIC MEDIA GROUP	С	2,872,5	57		2,222,214	100 000	%
GREENSPRING MEDIA GROUP 480 CEDAR STREET ST PAUL, MN55101		PUBLISHING & LIV	vE		GREENSPRING		2.055.4	14		2,192,345	100 000	%
41-1584257		SHOWS/EVENTS		MN	COMPANY	С	2,865,14					
41-1584257 CEDAR STREET HOLDINGS INC 480 CEDAR STREET ST PAUL, MN55101		MANAGEMENT SERVICES		MN	AMERICAN PUBLIC MEDIA GROUP	С	2,865,14				100 000	%
41-1584257 CEDAR STREET HOLDINGS INC		MANAGEMENT			AMERICAN PUBLIC	С	2,865,14				100 000	%
41-1584257 CEDAR STREET HOLDINGS INC 480 CEDAR STREET ST PAUL, MN55101		MANAGEMENT			AMERICAN PUBLIC	С	2,865,14				100 000	%
41-1584257 CEDAR STREET HOLDINGS INC 480 CEDAR STREET ST PAUL, MN55101		MANAGEMENT			AMERICAN PUBLIC	С	2,865,14				100 000	%

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	Ye

Note: Complete fine 1 if any entity is fisted in Faits 11, 111 of 19	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	

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

	Yes	No
1a	Yes	
1b	Yes	
1 c	Yes	
1d	Yes	
1e	Yes	
1f	Yes	
1 g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
1 l		No
1m		No
1n	Yes	
10	Yes	
1 p	Yes	
1q		No
		No

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Form 990, Schedule R, Part V - Transactions with Related Organizations
(A)
Name of other organization

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(17)

GREENSPRING COMPANY

GREENSPRING COMPANY

GREENSPRING COMPANY

MINNESOTA PUBLIC RADIO

CLASSICAL SOUTH FLORIDA

CLASSICAL SOUTH FLORIDA

CLASSICAL SOUTH FLORIDA

CLASSICAL SOUTH FLORIDA

SOUTHERN CALIFORNIA PUBLIC RADIO

(A) Name of other organization	(B) Transaction type(a-r)
	А

A mount Involved

130,000 3,181,598

102,000

15,600,000

1,035,000

55,298

321,522

835,618

7,131,275

29,910,000

22,631,679

3,150,299

5,062,830

1,700,000

102,000

16,220

3,589

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Additional Data

Software ID: Software Version:

EIN: 36-3503764

Name: American Public Media Group

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE MISSION OF AMERICAN PUBLIC MEDIA GROUP (APMG), AS DETAILED IN ITS EXEMPTION APPLICATION, IS TO PERFORM ACTIVITIES THAT PROVIDE ECONOMIES OF SCALE AND COORDINATION OF ALL RELATED COMPANIES IN A MANNER THAT BEST ACCOMPLISHES THE EXEMPT PURPOSES OF ITS SUPPORTED 501(C) (3) ORGANIZATIONS, MINNESOTA PUBLIC RADIO, THE FITZGERALD THEATER COMPANY, SOUTHERN CALIFORNIA PUBLIC RADIO, AND CLASSICAL SOUTH FLORIDA.