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Form 990

(HTA)

#### **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)

20**08** 

Department of the Treasury
Internal Revenue Service

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

Open to Public

Inte	mal Revenu			Inspection
A .	Check if ap	2008 calendar year, or tax year beginning 10/1/2008 , and er please C Name of organization NPR Foundation		
ů	Address	use IRS Use IRS	D Employer identification	on number
⊢	Name cha		52-1795789	
늗	Initial retu	type (or P O box it mains not delivered to street address)	om/suite E Telephone number	
⊢	Terminati	Specific	202-513-2000	
늗	Amended	Instruc-	G. Gross receipts \$	E4 620 724
늗	i		G Gross receipts \$	54,629,721
	J Applicatio	Traine and address of principal diffeet	H(a) Is this a group return for affiliati	es? Yes X No
		Ron Schiller 635 Massachusetts Ave, NW, Washington , DC 20001	H(b) Are all affiliates included?	Yes No
<u></u>	Tax-exer	npt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a list (see in:	structions)
<u>ب</u> ح	Website	▶ www npr org	H(c) Group exemption number	
Ξ ĸ	Type of or	ganization X Corporation Trust Association Other ▶ L Year	of formation 1992 M State	of legal domicile DC
` ■	Part I	Summary	1002	
J	1		ion of the NPR Foundation is	s to encourage
•		solicit, receive, hold and manage charitable contributions for the benefit of National		110 011000110901
ربا غ				
EU SEI	2	Check this box Figure 1 if the organization discontinued its operations or disposed of	of more than 25% of its asset	s
		Number of voting members of the governing body (Part VI, line 1a)	3	45
Z 🖁	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44
<b>4 5</b>	5	Total number of employees (Part V, line 2a)	5	0
ပ္က န	6	Qua (number of polunteers (estimate if necessary)	6	
σ,		Total gross unrelated the iness revenue from Part VIII, line 12, column (C)	7a	0
		Net unrelated busines (axable income from Form 990-T, line 34	7b	0
		AUG 1 7 2010   Y	Prior Year	Current Year
		Contributions and gra (Part VIII, line 1h)	6,675,542	5,911,626
Ì	[] B	Program-service reverted (Part VIII, line 2g)	0	93,787
on do Ao	10 (	Vesiment ncome (Part VIII, column (A), lines 3, 4, and 7d)	11,856,372	6,188,615
u	444	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,700	0
_		Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,594,614	12,194,028
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,559,924	14,986,913
		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	772,702	93,288
Exnenses	16a b	Professional fundraising fees (Part IX, column (A), line 11e)		U
Ë	17	Total fundraising expenses (Part IX, column (D), line 25) ► 32,243  Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		745.54
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,436,252	745,546
	1	Revenue less expenses Subtract line 18 from line 12	17,768,878	15,825,747
		revenue less expenses Subtract line to nont line 12	825,736 Beginning of Year	-3,631,719
its	20	Total assets (Part X, line 16)	249,089,470	End of Year 248,534,839
Ass	- 21	Total liabilities (Part X, line 26)	153,184	398,269
Net	21 22	Net assets or fund balances Subtract line 21 from line 20	248,936,286	248,136,570
	art II	Signature Block	240,000,200	240,130,310
-	<u></u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedul	es and statements, and to the best of	f my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all i	nformation of which preparer has any	knowledge
		1. ( ) a confidence	1	
Si	gn	Almero & the	18/12/20	10
	ere	Signature of officer	Date	
• • • •		JAMES B. ELDER CALASTIC	·	
		Type or prnt name and title		
р.		signature D T // /		identifying number
	id	8-12-10 lar	nployed	,
	eparer's	Firm's name (or yours Argy Wiltse & Robinson PC	EIN ►	<del></del>
US	se Only	ii seil-eilipioyed),		0600
	ou the ID		Phone no ► 703-893-	
		S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No
Fo	r Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2008)

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		2-1795789	Page <b>2</b>
Pa	Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
	See Sched O		
	***************************************		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	it of grants ar	nd
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 14,986,913 including grants of \$ 14,986,913 ) (Revenue \$	93	,787)
	In order to accomplish its mission, NPR Foundation has focused its efforts on continually growing its Fund for		
	Excellence and its Fund for New Initiatives These two Funds are intended to support NPR activities and pro-		
	long-term financial security. The cultivation and solicitation of these gifts is undertaken in a targeted, personal	al manner	
		. <b></b> .	
	•••••••••••••••••••••••••••••••••••••••		
		·	
	•		
	•		
4b	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$		0.)
	•		
	•••••		
	***************************************		
4c	(Code) (Expenses \$0 including grants of \$0 ) (Revenue \$		0)
		. <b></b>	
		. <b></b>	
	•		
	Others and the control of the contro		
4d	Other program services (Describe in Schedule O)		
4:	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
<u>4e</u>	Total program service expenses ► \$ 14,986,913 (Must equal Part IX, Line 25, column	(B))	

Par	t IV Checklist of Required Schedules			<u></u>
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			X
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	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		х
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		х
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? If "Yes," complete Schedule F, Part III	16_		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
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	Χ	<u> </u>
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	22	.,	Х
04-	Schedule J	23_	Χ.	
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	240		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	X
	Did the organization milest any proceeds of tax-exempt borids beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	-	
·	to defease any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
	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		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a pnor year? If "Yes," complete Schedule L, Part I	25b		Х
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		х
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 I. Part III	27		x

Part IV	Checklist of Requ	ired 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,		, 1 <sub>1,2</sub> g	
	Part IV	28a		Χ
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		х
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	х	
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i>			
	VI	37		х

Form **990** (2008)

Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	] .		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	,		5
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	, ,		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		,	~
	instructions)	,	;	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	· 		ļ. : .
	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3</u> b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	4 %	,	1 : .
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	1. Ar 18.	\$ 7-17 * 3-4	2 000
	and Financial Accounts	S. 7 3	2 30 3	1 5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		ļ.,
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	* : :	1 1/2 1
7	Organizations that may receive deductible contributions under section 170(c).	70年	◆ 導力	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 10		
·	required to file Form 8282? .	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1.3 4.5	(5, °),	7/3 &
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	r-,	2.,	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	1.7		شرعة ش
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring		j.	
	organization, have excess business holdings at any time during the year?	8		L.
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	عتت		1
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter		Ù,	TEN.
a	Initiation fees and capital contributions included on Part VIII, line 12	- 2		*
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- 0.53		1
11	Section 501(c)(12) organizations. Enter		***	٠ أؤتمر
a	Gross income from members or shareholders  11a	200 A	1	٠.
b	Gross income from other sources (Do not net amounts due or paid to other sources	-, -,	+ 3	
42-	against amounts due or received from them )	40-	سنشاد	<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del> </del>
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		er(	٢

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Pa	Governance, Management, and Disclosure (Sections A, B, and C request information about po	licies i	not	<u> </u>
	required by the Internal Revenue Code )			
Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the	1 T		ر قرائ
	circumstances, processes, or changes in Schedule O See instructions	47		y 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
1a	Enter the number of voting members of the governing body 1a 45	位器		
b	Enter the number of voting members that are independent 1b 44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			X. 3
	any other officer, director, trustee, or key employee?	2	X	
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		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	<del>- ``</del>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<u> </u>		
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	#3 <sup>29</sup> 120	******	A STATE OF
U				
_	the year by the following	15 Test		
a	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1		
	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	<u>X</u>	L
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ł		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		L X
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done .	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by	7779	ALC:	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	Pot 3	3-7-2	4
а	The organization's CEO, Executive Director, or top management official?	15a	X	التعكشت
b	Other officers or key employees of the organization?	15b	X	
~	Describe the process in Schedule O (see instructions)	MENKS	Z-104	188 1×19
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	40-	212	
_	· · · · · · · · · · · · · · · · · · ·	16a	( - '	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		使数	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	and a	HA.	
	the organization's exempt status with respect to such arrangements?	16b		L
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization for the section 6104 requires an organization of the section 6104 requires and 610	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
	organization ► National Public Radio, Inc 202-513-20			
	635 Massachusetts Ave, NW, Washington , DC 20001-3753	-Y		

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# 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), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compe	nsate any offic	er, dır	ecto	or, t	rus	tee, or	ke	y employee		
(A)	(B)	]		(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Vivian Schillier Trustee	1	х						0	0	0
Howard Stevenson Trustee	1	х						0	0	0
Arthur G Altschul, Jr Trustee	1	X						0	0	0
James L Bildner Trustee	1	х	L					0	0	0
Norns Bishton, Jr Trustee	1	х						0	0	0
Henry E Catto Trustee	1	х						0	0	0
Thomas S Foster Trustee	1	х						0	0	0
Harnett Gold Trustee	1	x						0	0	0
James M Grant Trustee	1	х						0	0	0
Daniel B Greenberg Trustee	1	х						0	0	0
Anette L Harns Trustee	1	X						0	0	0
James V Hedges, IV Trustee	1	х						0	0	0
John A. Herrmann, Jr Trustee	1	x						0	0	0
Richard H. Hertzberg Trustee	1	х						0	0	0
Peter N Heydon Trustee	1	х						0	0	0
Stephen A Hopkins Trustee	1.	X						0	0	0
Particia Ishiyama Trustee	1	х						0	0	0

Form	990	(2008)

1

52-1795789

Page 8

Part VII Section A. Officers, D		(B)	Ĭ			 C)			(D)	(E)		(F)
Name and title		Average	Po	sition	(chec	k all ti	hat ap	ply)	Reportable	Reporta	hla	Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from rela organiza (W-2/1099-	ation ated tions	amount of other compensation from the organization and related organizations
Jane F Katcher		<u> </u>										
Trustee		1	X		<u> </u>	<u> </u>		ļ	0		0	0
Jeffrey L. Kenner Trustee		1	x						0		0	0
Jonathan W Kutchins Trustee		1	x			ŀ			0			•
Anne Mai			1	$\vdash$	-	ļ		$\vdash$	0		0	0
Trustee			х	_					0		0	0
Joseph C McNay		1		İ					_			
Trustee Lynn Pigott Mowe	<del></del>	1	X	$\vdash$		$\vdash$	-		0		0	0
Trustee		1	х						0		0	0
Miriam Muscarolas Trustee		1	x			:			o		0	0
Patricia M Papper		<u>'</u>						-	J		Ĭ	
Trustee		1	Х		<u> </u>				0		0	0
Lee Ramer Trustee		1	х						0		0	0
Richard Rampell Trustee		1	х						0		o	0
Lee Wright Wolfe Trustee		1	x						0		0	0
Eugene H Rotberg		······································										
Trustee		1	X				ļ		0		0	0
Nancy S Sanders Trustee		1	х						0			0
1b Total .		1			I		l		70,477	1 63	1.944	0 110,894
2 Total number of individuals (incorganization ►	cluding those	ın 1a) who rece	ived	more	e tha	n \$1	00,0	00 ın				
3 Did the organization list any for employee on line 1a? If "Yes,"						yee,	or hi	ghes	it compensated		r:4.	
For any individual listed on line the organization and related organization.									•		4	X
5 Did any person listed on line 1a services rendered to the organi									ganization for		5	
Section B. Independent Contracto		is, complete of	on rou	410 0	10, .	30011	pers	,011	· ·		] 0	1 1 ^
Complete this table for your five compensation from the organiz.	e highest com	pensated indep	ende	ent c	ontra	actor	s tha	t rec	eived more than	\$100,000	) of	
	(A) e and business a	ddress							(B) Description of serv	ices		(C)
Cambridge Associates LI		0317 Uniondale	e NY	115	55			Inve	stment Advisory			311,052
												0
	_											0
		<del>.</del>										0
Total number of independent or compensation from the organization.		cluding those in	1) w	ho re	eceiv	ed n	nore	than	\$100,000 in			0

**Business Code** 

000

0

93,787

12,194,028

Miscellaneous Revenue

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

All other revenue . . . Total. Add lines 11a–11d

9c, 10c, and 11e.

11a

12

3,380,393

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not rec	uired to complete	columns (B), (C), a	<u>nd (D).</u>
	not include amounts reported on lines 6b, 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				2, 2, 2, 2
	organizations in the U.S. See Part IV, line 2 STMT 3			· ·	
_		14,986,913	14,986,913	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	0		7 1 1 1 1 1 1 1 1	
3	Grants and other assistance to governments,				" a " " " " " " " " " " " " " " " " " "
	organizations, and individuals outside the	_			
	U S See Part IV, lines 15 and 16	0			1 m 4 m 2 h 3 h 3
4	Benefits paid to or for members	0			5 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors,				
_	trustees, and key employees	93,288		93,288	<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
_	persons described in section 4958(c)(3)(B).	0		<del></del> -	
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0'			
11	Fees for services (non-employees)				
a	Management	0		-	<u> </u>
b	Legal .	0			<del></del>
C	Accounting	8,209		8,209	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17		高量型標整 新型型標準	14 Tab. Co. 1 Tab.	
f	Investment management fees .	642,390		642,390	
_ g	Other	0			
12	Advertising and promotion	0			4.000
13	Office expenses .	1,633			1,633
14	Information technology .	0			
15	Royalties	0		40.007	
16	Occupancy .	13,237		13,237	0.470
17 18	Travel . Payments of travel or entertainment expenses	2,283			2,179
10	· · · · · · · · · · · · · · · · · · ·	0			
19	for any federal, state, or local public officials	0 28,055			20.055
20	Conferences, conventions, and meetings Interest	20,055			28,055
21	Payments to affiliates .	0			
22	•	0		0	0
23	Depreciation, depletion, and amortization Insurance		U	0	U
24	Other expenses Itemize expenses not	SAME PROPERTY.		her and the second	THE PERSON AND THE PE
47	covered above (Expenses grouped together			100 mg	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			200	
а	D-J D-IA	48,126	BOOK AND	48,126	
b	· · · · · · · · · · · · · · · · · · ·	376		40,120	276
C		0	· · · · · · · · · · · · · · · · · · ·	- ,	376
ď					
e		0	·····	<u> </u>	
f	All other expenses Miscellaneous	1,237		1 226	
25	Total functional expenses. Add lines 1 through 24f	15,825,747	14,986,913	1,236	22.242
		15,625,747	14,300,313	806,486	32,243
26	Joint Costs. Check here ► if following				
	SOP 98-2. Complete this line only if the organization			İ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

1

	ait A	Dalance Sheet	(A)	Ι	(8)
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	1,486,515	2	834,926
	3	Pledges and grants receivable, net	3,098,756		2,024,477
	4	Accounts receivable, net	0,000,700		2,024,477
	5	Receivables from current and former officers, directors, trustees, key			
	-	employees, or other related parties Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section			
i	Ť	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	0	6	<u> </u>
ş	7	Notes and loans receivable, net	0		0
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis   10a   0	F 1 1 2 407	પ્રકૃષ્	· 12. (**) · 12. (**)
	b	- · · · · · · · · · · · · · · · · · · ·			
		Part VI of Schedule D 10b 0	0	10c	0
	11	Investments—publicly traded securities	65,630,510		72,769,920
	12	Investments-other securities See Part IV, line 11 See Sched O	178,861,689		172,905,516
	13	Investments-program-related See Part IV, line 11	0	13	0
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	12,000		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	249,089,470		248,534,839
	17	Accounts payable and accrued expenses	26,794		39,831
Se	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow account liability Complete Part IV of Schedule D		21	
Ξ	22	Payables to current and former officers, directors, trustees, key			SERVICE CONTRACTOR
Liabilities		employees, highest compensated employees, and disqualified		7	
		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable	0	24	0
	25	Other liabilities Complete Part X of Schedule D	126,390	25	358,438
	26	Total liabilities. Add lines 17 through 25	153,184	26	398,269
		Organizations that follow SFAS 117, check here ► X and	第二十十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	447	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Balances		complete lines 27 through 29, and lines 33 and 34.		3	
anc	27	Unrestricted net assets	51,795,106	27	32,252,157
3al	28	Temporarily restricted net assets	1,670,455		20,328,723
	29	Permanently restricted net assets	195,470,726	29	195,555,690
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ▶	W WATER	7	46.30
-	-	and complete lines 30 through 34.			
ţ	30	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
sse	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds.		31	
Net	33	Total net assets or fund balances	249 026 207	32	240 420 570
	34	Total liabilities and net assets/fund balances	248,936,287	33 34	248,136,570
Pa	rt XI	Financial Statements and Reporting	249,089,471	_34	248,534,839
	I C XI	Tillancial Gatements and Reporting	···		Yes No
1	Ac	ecounting method used to prepare the Form 990. Cash X Accru	ual Other		
2		ere the organization's financial statements compiled or reviewed by an indep			. 2a X
		ere the organization's financial statements audited by an independent account			2b X
		Yes" to lines 2a or 2b, does the organization have a committee that assume		aht of	
		dit, review, or compilation of its financial statements and selection of an inde		9111 01	2c X
3		a result of a federal award, was the organization required to undergo an au		,	
•		e Single Audit Act and OMB Circular A-133?	or additioned Set IUI(II II	•	3a X
i		Yes," did the organization undergo the required audit or audits?	• •	•	. 3b ^
	<u> </u>		<u>.</u>	_	

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection

Name of the organization							Employe	r ıdentificat	ion number	
NPR Foundation							52-1795789			
		narity Status (All or					t ) (see ı	nstructio	ns)	
The organization is not				-	-		LV4V4V			
=		rches, or association o on 170(b)(1)(A)(ii). (Al			ea in <b>sec</b>	:0011 170(	D)(1)(A)(1	).		
=		nospital service organi		•	section	170/h)/1)	/Δ\(iii\ / <i>(</i>	utach Sci	nedule H )	
<u> </u>		ation operated in conju								
	me, city, and st	-		a 1103pi					····.	
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6 A federal, sta	ate, or local gov	ernment or governmer	ntal unit d	escribed i	n sectio	n 170(b)(ʻ	I)(A)(v).			
		y receives a substanti (1)(A)(vi). (Complete l		its suppor	t from a g	jovernmei	ntał unit o	r from the	general public	
8 A community	trust described	I in section 170(b)(1)	(A)(vi). (C	omplete l	Part II)					
		y receives (1) more th				om contrib	utions, m	embershi	p fees, and gross	
		ed to its exempt function	_		-					
• • •	•	ent income and unrelat after June 30, 1975				•		ax) from b	ousinesses	
	_	nd operated exclusive		-		•	-	<b>4).</b> (see ir	nstructions)	
11 X An organizat	ion organized a	nd operated exclusive	ly for the	benefit of	to perfor	m the fun	ctions of,	or to carr	y out the	
		olicly supported organ							•	
		at describes the type o					e lines 11			
a X Type		Type II c	_ ·	e III–Fund	-	-			ype III-Other	
		y that the organization on managers and othe								
	section 509(a)(2	-	T than one	s of filore	publicly s	supported	Organizat	ions desc	anned in section	
		a written determination	from the	IRS that	ıt ıs a Typ	e I, Type	II, or Type	e III supp	orting	
•	, check this box	the oreservation area.			4 la		. 6 415 -			
g Since Augus following per		the organization accep	pted any g	giit or con	tribution i	rom any c	or the			
• .		or indirectly controls,	either alor	ne or toge	ther with	persons c	lescribed	ın (ıı)	Yes No	
		verning body of the su		rganızatıc	u <sub>o</sub>				11g(i) X	
	-	person described in (i) y of a person describe		(u) obovo	2				11g(ii)   X	
		y of a person describe ation about the organization	٠,,			oorts	•		11g(iii)  X	
(i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Did y	you notify		s the	(vii) Amount of	
organization	,,-	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support	
		(see instructions))		Γ	sup	port?		S ?		
			Yes	No	Yes	No	Yes	No		
National Public Radio,	52-0907625	7	х		×		x		14,986,913	
						<del> </del>			0	
	0							0		
									0	
· · · · · · · · · · · · · · · · · · ·										
	TO THE STATE OF				<b>建筑</b> 20	W inte	27 54 0 34 64 64 64 64 64 64 64 64 64 64 64 64 64	及常身	0	
Total	TARK TARK	<b>国际的发展。至了</b> 人员,"上石"。 <b>在</b> 红色的	THE PERSON NAMED IN	14/21/2017	S SOME STORY BEST	1 成を対象でできます。	1 7 74 1 2 7 1	TAKE . DO	44000040	

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Sched	Schedule A (Form 990 or 990-EZ) 2008 NPR Foundation 52-1795789 Page <b>2</b>						
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)							
	(Complete only if you checked	the box on lin	e 5, 7, or 8 of	Part I)			
	ion 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	1					
	ınclude any "unusual grants ")	0	0	0			0
2	Tax revenues levied for the organization's				. =		
	benefit and either paid to or expended on						
	its behalf.	0	0	o			0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0			0
4	Total Add lines 1-3	0	0	0	0	0	0
5	The portion of total contributions by each	a /	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	, ,	, Sec 6 1 1 1	: 53 8 4 3 4	<u>_</u>
	person (other than a governmental unit	, , ,	इ.स.च्या १४		m , 4 + st	4 4 4	
	or publicly supported organization)	y glyse to	1		TO SEA OF THE		
	included on line 1 that exceeds 2% of the	The second of the second	人名第7里克鲁	The Control of the Control	P. 1964		
_	amount shown on line 11, column (f)	10 Am	A STATE OF THE	A 183 6 1 7 7 7 1	* Y	र्ते । केंद्र <b>स्ट्र</b> क्षेत्र की	
6	Public support. Subtract line 5 from line 4 ion B. Total Support	1 2 2 2	<b>的护力与</b> [被	MARILLAND	<u>013 332</u>		0
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(a) 2006	(4) 2007	(0) 2000	(f) Total
			<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4	0	0	0	0	0	0
0	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	l o	0	0			0
9	Net income from unrelated business						<u>v</u>
	activities, whether or not the business is					İ	
	regularly carried on						0
10	Other income Do not include gain or	]			-		
	loss from the sale of capital assets						
44	(Explain in Part IV)	0	0	0	M. Standard M. S. C.	1.5. Mag 18.5 18.5.	0
11 12	• • • • • • • • • • • • • • • • • • • •	\$ \$ \$ 1.00 m m		1. 18 pr - 18 18 14.		on mile Palin	0
	Gross receipts from related activities, etc. (s		•		1. 4	12	<u> </u>
13	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's iir	st, secona, tnir	a, tourth, or tin	in tax year as a	section 501(c)	(3)
Cool		1 Da	<del></del>	· · · · · · · · · · · · · · · · · · ·			
14	ion C. Computation of Public Support Public support percentage for 2008 (line 6, o			(O)			0.000/
15	Public support percentage for 2000 (line 6, 6)  Public support percentage from 2007 Sched			column (1))		14	0 00% 0 00%
16a	33 1/3% support test–2008. If the organiza			June 12 and Jun	o 14 to 22 1/20		
104	and stop here. The organization qualifies as				e 14 is 33 1/3%	or more, cnec	K this dox
h					nd line 15 ie 22	1/20/ 05 50 50	ah a ak shua
	b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
17a	box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%.						
	a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how						
	the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b							
	10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how						
	the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
18	Private foundation. If the organization did not ch					<del>-</del>	
	roundation, it the organization did flot di		2 13, 10a, 10b, 1	ra ,or rrb, crec	v mis nox sim se	e manachons	▶ □

Par	<del>-</del>			ion 509(a)(2)				
500	(Complete only if you checked the	<u>he box on line</u>	9 of Part I )					
	tion A. Public Support	(-) 0004 T	# \ 0005 T					
1	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
,	Gifts, grants, contributions, and membership fees received (Do not							
	· · · · · · · · · · · · · · · · · · ·	٥	0	٥				•
	include any "unusual grants ") .	0	0	0				0
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished	j					ł	
	in any activity that is related to the							
	organization's tax-exempt purpose	0	0	0				0
3	Gross receipts from activities that are not an	i						
	unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's		}				l	
	benefit and either paid to or expended on		_}	_			ı	
-	its behalf	0	0	0				0
5	The value of services or facilities							
	furnished by a governmental unit to the							_
	organization without charge Total. Add lines 1-5	0	0	0				0
6	- · · · · · · · · - · · - · · - · · · ·	0	0	0	0		0	0
/ a	Amounts included on lines 1, 2, and 3						1	_
h	received from disqualified persons Amounts included on lines 2 and 3							0
U	received from other than disqualified	1					1	
	persons that exceed the greater of 1%	1	Ì					
	of the total of lines 9, 10c, 11, and 12 for	Ī	1					
	the year or \$5,000	İ						0
С	Add lines 7a and 7b	0	0	0	0		0	0
8	Public support (Subtract line 7c from							
_	line 6)		44343	B		Cara de		0
Sec	tion B. Total Support		And the second s	70 70 7000	SARKETY XX (SHIRT WILL ELEY)	T FARE 1, MARY 1	Other State Communication	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
9	Amounts from line 6	0	0	0	0	\0/.	0	0
10a	Gross income from interest, dividends,						<del>- 1</del>	
	payments received on securities loans,	]	]					
	rents, royalties and income from similar	Ì						
	sources .		i					0
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975 .						1	0
C	Add lines 10a and 10b	0	0	0	0		0	0
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly							
	carried on .							0
12	Other income Do not include gain or	•	į					
	loss from the sale of capital assets	_	_ [					
40	(Explain in Part IV)	0	0	0				0
13	Total support. (Add lines 9, 10c, 11,							
	and 12)	التكليك				ă		0
14	First five years. If the Form 990 is for the org	anızatıon's first	, second, third,	fourth, or fifth	tax year as a	section	501(c)(3	"
	organization, check this box and stop here		-		<u> </u>			▶ 🔲
Sec	tion C. Computation of Public Support	Percentage						
15	Public support percentage for 2008 (line 8, co	lumn (f) divided	by line 13, co.	lumn (f)) .		15		0 00%
16	Public support percentage from 2007 Schedul				_	16		0 00%
Sec	tion D. Computation of Investment Inco	me Percenta	ige					
17	Investment income percentage for 2008 (line			13, column (f	))	17		0 00%
18	Investment income percentage from 2007 Sci			-,(-,	,	18		0.00%
	33 1/3% support tests-2008. If the organizat			ine 14, and line	e 15 is more th		1/3% and	line 17 is
	not more than 33 1/3%, check this box and st	op here. The	organization ou	alifies as a nul	olicty supported	d organ	uzation	
b		d not check a bo	x on line 14 or lin	ne 19a and line	16 is more than	. 0. gan 33 1/3%	and	
	line 18 is not more than 33 1/3%, check this box ar	nd stop here. Th	e organization of	ualifies as a nubi	lich supported o	raanizat	tion	▶□
20	Private foundation. If the organization did no							· [H
	in the organization did no	· GILLON a DUX L	// mic 14, 15d,	UI IBD, CRECK	THE YOU SHOULD	CC 1115[	uctivits	₽

Schedule A (Form	n 990 or 990-EZ) 2008	NPR Founda					52-1795789	Page 4
Part IV	Supplemental	Information.	Complete this	s part to prov	ide the explan	ation required	by Part II, line 10	0,
	Part II, line 17a	or 17b; or Pa	irt III, line 12 I	Provide any o	other additiona	I information	(see instructions)	)
					<del></del>		· —	
						<del></del>		
<b>.</b>	•			<b></b>			. <b>.</b>	
						<i></i>		
<b>-</b>						<b></b>	· • • • • • • • • • • • • • • • •	
								<b>, -</b> -
							· · · · · · · · · · · · · · · · · · ·	
							·	. <b></b>
				<del></del>			·	
				··				
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			•••••					
				••••				

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- 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), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Se	ection 501(c)(4), (5), or (6) or	ganizations Complete Part III	,,			
Na	me of organization				Employer	identification number
NPR	Foundation				52-17957	
Par	See the instru	eted by all organizations exemuctions for Schedule C for details				27 organizations.
1		the organization's direct and indirect	political campaigi	n activities in Pa	rt IV	
2	Political expenditures				▶ \$_	
3	Volunteer hours	•			-	
Pai		eted by all organizations exemuctions for Schedule C for details.		on 501(c)(3).	<del></del> .	
1		excise tax incurred by the organizati		4955	<b>▶</b> \$	
2		excise tax incurred by organization i			▶ \$	
3		ed a section 4955 tax, did it file Form	-		_	Yes No
4a	Was a correction made?		·			Yes No
b	If "Yes," describe in Part					
Pai		eted by all organizations exemuctions for Schedule C for details	pt under sectio	on 501(c), exce	ept section	on 501(c)(3).
1	Enter the amount directly	y expended by the filing organization	for section 527 e	exempt function		
	activities			•	▶ \$_	
2	Enter the amount of the	filing organization's funds contributed	d to other organiz	ations		
	for section 527 exempt f			•	▶ \$_	
3	Total of direct and indire on Form 1120-POL, line	ct exempt function expenditures Add	d lines 1 and 2 an	d enter here and	i . ► \$_	C
4	Did the filing organization	n file Form 1120-POL for this year?				Yes No
5	State the names, address	ses and employer identification num	ber (EIN) of all se	ection 527 politic	al organiza	ations to which
		nter the amount paid and indicate if				
		ns received and promptly and directind or a political action committee (PA				
	separate segregated full	d of a political action committee (FA	C) ii additional si			
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiza funds If none,	ation's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					0	
	····				0	
					0	
					0	(
					0	(
		1		1		

NP	_	г.,	 	

NPR Foundation Schedule C (Form 990 or 990-EZ) 2008

52-1795789

-	Page 2						
P	art II-A To be completed by organ	nizations exempt under section 501(c)(3) t	hat filed Form 576	i8			
		01(h)). See the instructions for Schedule C fo					
Α		belongs to an affiliated group					
В	Check ▶  if the filing organization checked box A and "limited control" provisions apply						
		·	Т Т				
	Limits on Lobbying Expenditures (a) Filing (b) Affiliated						
	(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group totals			
1a	Total lobbying expenditures to influence		0	0			
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	0	0			
C	Total lobbying expenditures (add lines 1a	a and 1b)	0	0			
d	Other exempt purpose expenditures		0	0			
е	Total exempt purpose expenditures (add	0	0				
f	f 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:	The second of the te				
	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	<b>李小林</b> 化二字符				
	Over \$17,000,000	\$1,000,000	大學像學學	中華歌年八次/			
g	Grassroots nontaxable amount (enter 25		0	0			
h	Subtract line 1g from line 1a Enter -0- if		0	0			
i	i Subtract line 1f from line 1c Enter -0- if line f is more than line c						
j	If there is an amount other than zero on e	either line 1h or line 1i, did the organization file Fo	rm 4720 reporting				
	section 4911 tax for this year?	•		Yes No			
	4 V	are Averaging Period Under Section 504/h)					
		ear Averaging Period Under Section 501(h) ade a section 501(h) election do not have to co	amplete all of the fir	••			
		the instructions for lines 2s through 2f of the		·C			

columns below. See the instructions for lines 2a through 2f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	( <b>b)</b> 2006	(c) 2007	(d) 2008	(e) Tota!	
2a	Lobbying non-taxable amount	0	0	0		0	
b	Lobbying ceiling amount (150% of line 2a, column(e))	新聞 ( 利 ) を	in the second of	秦安大:第四十	· 如果然后	0	
C	Total lobbying expenditures	0	0	0		0	
d	Grassroots non-taxable amount	0	0	0		0	
е	Grassroots ceiling amount (150% of line 2d, column (e))		· · · · · · · · · · · · · · · · · · ·			0	
f	Grassroots lobbying expenditures	0	0	0		0	

Schedule C (Form 990 or 990-EZ) 2008

	5768 (election under section 501(h)). See the instructions for Schedule C for	Τ.				
		<u> </u>	a) 		(b)	
		Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	:43	12/5 - 1 124)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100
	legislation, including any attempt to influence public opinion on a legislative matter or		\$ (3.)x	1.3.8		2000 2000 2000 2000 2000 2000 2000 200
	referendum, through the use of	ئىڭ	 ستنگست	334	taka i	خ.ر مين
а	Volunteers?			1377	A STATE OF	18 . 4.3
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>		174	**************************************	
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	<u> </u>				
!	Other activities? If "Yes," describe in Part IV	123 A F	(mark / 1 )			
J	Total lines 1c through 1i			Was and Street Sections	. هد شداه سند	0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	. S.40077945	200000000000000000000000000000000000000	5 4 4		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	2.54	選送	************	A 1.6 (108)	and the York
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Ļ		<b>重要公</b> 款	. N. W.	W. 196
Par	To be completed by all organizations exempt under section 501(c)(4), sec	tion 5	01(c)	(5), or		
	section 501(c)(6). See the instructions for Schedule C for details					
				_	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		
Pair	To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details	JK II	Part	m-A,		
4						
1 2	Dues, assessments and similar amounts from members		7 Tukes≅vurs	ļ		
4	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).					
•	Current year		<u> </u>			
a b	Carryover from last year	٠	2a	<del></del>	-	
	Total		2b	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c 3	<del> </del>		0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	•	ن الافتارة			
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4	1		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5			0
Part			3	l		
	plete 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	I-B, line	1ı	
Also,	complete this part for any additional information.					
						<b>-</b>

NPR Foundation	52-1795789
Schedule C (Form 990 or 990-EZ) 2008	Page 4
Part IV Supplemental Information (continued)	
	• • • • • • • • • • • • • • • • • • • •
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•	
••••	

# SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

2008

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NPR	Foundation		52-1795	789
Par	Organizations Maintaining Done	or Advised Funds or Other Similar F		
	the organization answered "Yes" t	o Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) F	unds 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 d			fvised
	funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dor	• •	•	be
	used only for chantable purposes and not fo	r the benefit of the donor or donor advisor	or other	
	impermissible private benefit?			Yes No
Par	Conservation Easements. Comp	elete if the organization answered "Yes	s" to Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g.	, recreation or pleasure) 🔛 Preservatio	n of an histor	cally important land area
	Protection of natural habitat	Preservatio	n of certified	historic structure
	Preservation of open space	_		
2	Complete lines 2a-2d if the organization hel	d a qualified conservation contribution in t	he form of a	conservation easement
	on the last day of the tax year	•		
			2 0	Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation eas	sements	. 2b	
С	Number of conservation easements on a cer	rtified historic structure included in (a)	2c	
d	Number of conservation easements included	d in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified	d, transferred, released, extinguished, or t	erminated by	the organization
	during the taxable year			
4	Number of states where property subject to			
5	Does the organization have a written policy of		on, violations	
6	enforcement of the conservation easements Staff or volunteer hours devoted to monitoring		luring the yea	☐ Yes ☐ No
7	Amount of expenses incurred in monitoring,			▶\$
8	Does each conservation easement reported			Ψ
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	commo z(a) abovo oanor, mo requiremen	.5 01 5000.011	☐ Yes ☐ No
9	In Part XIV, describe how the organization re	eports conservation easements in its revei	nue and expe	
	balance sheet, and include, if applicable, the			
	the organization's accounting for conservation			
Part		ons of Art, Historical Treasures, or Othe	er Similar As	sets.
	Complete if the organization answered	d "Yes" to Form 990, Part IV, line 8	*	
1a	If the organization elected, as permitted und	er SFAS 116, not to report in its revenue s	statement and	d balance sheet works of
	art, historical treasures, or other similar asse	ts held for public exhibition, education, or	research in f	urtherance of public
	service, provide, in Part XIV, the text of the f			
b	If the organization elected, as permitted und	er SFAS 116, to report in its revenue state	ement and ba	lance sheet works of art,
	historical treasures, or other similar assets h		earch in furth	erance of public
	service, provide the following amounts relation			
	(i) Revenues included in Form 990, Part VIII	l, line 1 .	-	▶ \$
_	(ii) Assets included in Form 990, Part X .			▶ \$
2	If the organization received or held works of		ssets for finar	ncial gain, provide the
	following amounts required to be reported un			
a	Revenues included in Form 990, Part VIII, fir	ne 1	•	<b>&gt;</b> \$

ol

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

ol

Other .

0

0

0

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

358,438

▶

Form 8868 (Re	v 4-2009)	Page 2					
<ul> <li>If you are</li> </ul>	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Pa	art II and check this box • X					
Note. Only	complete Part II if you have already been granted an automatic 3-month extension	on a previously filed Form 8868					
	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original	ginal (no copies needed).					
Type or	Name of Exempt Organization	Employer Identification number					
print	NPR Foundation	52-1795789					
File by the extended	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only					
due date for	635 Massachusetts Ave, NW	reprinted to 15 to					
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
instructions	Washington DC 20001						
	of return to be filed (File a separate application for each return):						
X Form 9	90	Form 6069					
Form 9	30-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	Form 8870					
Form 9	90-EZ Form 990-T (trust other than above) Form 5227						
STOPI Do no	t complete Part II if you were not already granted an automatic 3-month extension on	a previously filed Form 8868.					
<ul> <li>The book</li> </ul>	is are in the care of National Public Radio, Inc. 635 Massachusetts Ave, NW	Washington DC 200					
	e No ► 202-513-2000 FAX No. ► 202-513-3044						
If the organization does not have an office or place of business in the United States, check this box							
	or a Group Return, enter the organization's four digit Group Exemption Number (G	GEN) If this is					
	e group, check this box	oox ▶  and attach a					
	names and EINs of all members the extension is for						
	est an additional 3-month extension of time until 11/15/2010	****					
5 For ca	lendar year, or other tax year beginning 10/1/2008	, and ending 9/30/2009					
	tax year is for less than 12 months, check reason 🔲 Initial return 🔃 Final retui						
7 State	n detail why you need the extension More time is requested to acquire all information	ation needed to complete					
and fil	e an accurate return.						
0 - 1645	6-F000 Bt 000 B5 000 T 1700						
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative t						
	ny nonrefundable credits. See instructions	8a \$					
octime	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits	and Example 1					
	ted tax payments made Include any prior year overpayment allowed as a credit a it paid previously with Form 8868.						
	e Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, dep	8b \$					
FTD co	upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruc	JOSE WITH					
		8c \$ 0					
Under penalfream	Signature and Verification  (perjury, I declare that I have examined this form, including accompanying schedules and statements, and	to the heat of my knowledge and helpf					
it is true, correct,	and complete, and that larn awno/zeg to prepare this form						
Signature >	Janes Belder Title. TREASU	HERDate + 4/21/2010					
		Form 8868 (Rev 4-2009)					

NPR Foundation

52-1795789

Schedule D (Form 990	2008 Page 5
Part XIV	upplemental Information (continued)
Part X Line by fee	eral, state and local authorities. Tax returns for the fiscal year ended September 30, 2006
Part X Line 2007	and 2008 are open to examination by federal, state and local authorities
	····

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

NPR Foundation

Part I

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

the selection criteria used to award the grants or assistance?.....

General Information on Grants and Assistance

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

Employer Identification number 52-1795789 X Yes No

Fart IV and Schedule I-1 (Form 990) if additional space is needed					
(b) EIN (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
52-0907625 501(c)(3)	14,986,913	0			Affiliate Support
	0	0			
	0	0			
	0	0			
	0	0			
	0	0			
	0	0			
	0	0			:
	0	0			
	0	0			
	0	0			
	0	0			
Enter total number of section 501(c)(3) and government organizations.  Enter total number of other organizations.					
zations					

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

Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008
Part III Grants a

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		0	0	C		
		0	0	0	3	
		0	0	0		
		0	0	0		
		0	0	Ö		
		0	0	0		
		0	0	0		
art IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to prov	ride the information re	equired in Part I, line	2, and any other addition	onal information.
art I Line	art I Line 2 As a Type 1 supporting organization the Foundation offers assistance to NPR Inc in the form of a city in respect to grants, or the monitoring of such	Foundation offers	issistance to NPR Inc.	n the form of a diff. In	respect to grants, or the n	dans jo paractinada

Part I Line 2 the Foundation does not offer grants and thus guestion #2 is not applicable

# SCHEDULE J-2 (Form 990)

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#### **Continuation Sheet for Form 990**

OMB No 1545-0047

**温**⊎UO pen to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

NPR Foundation 52-1795789

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
			e			ated				organizations
Noaman Sannı, MD										
Trustee Murroy Supplains	1	X		-			-	0	0	0
Murray Sınclaıre Trustee	1	x						o	o	0
Judith Zee Steinberg										
Trustee	1	Х			<u> </u>			0	0	0
Frederika Stevenson Trustee	1	Х						0	0	0
Bernee D L Strom Trustee	1	x								
Peter D Swift, MD	• • • • • • • • • • • • • • • • • • •	_		$\vdash$	t			0	0	0
Trustee	1	Х			L			0	. 0	0
Roselyne C Swig										_
Trustee Bryan Traubert, MD	1	Х		-	┢		_	0	0	0
Trustee	1	x						0	0	0
Howard Wollner					Г					<u>.</u>
Trustee	1	Х			_			0	0	0
Antoine van Agtmael										
Trustee Anne Avis	1	Х			-			0	0	0
Trustee	1	x						o	0	0
Carolyn Bucksbaum										
Trustee	1	Х			<u> </u>		_	0	0	0
Paul M Ginsberg Trustee	1	х						0	0	0
William J Poorvu	<u>_</u>	<u> </u>			$\vdash$		$\vdash$		<u>_</u>	0
Trustee	1	х						0	0	0
Camilla Smith										
Trustee	1	<u>X</u>					<u> </u>	. 0	0	0
Kevin Klose Officer	1	х		x				0	1,176,202	44,416
Dean Ambrose		_^_		^					1,170,202	44,410
Trustee	1	Х						o	0	0
Sukey Garcetti Trustee	1	Х						0	0	0
Barbara Linhart Trustee	1	X						0	0	0
Stuart Lucas	<u>'</u>						Н			0
Trustee	1	Х						0		0
Jane Peyrouse										
Trustee	1.	Х						0	0	0

# SCHEDULE J-2 (Form 990)

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#### **Continuation Sheet for Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

NPR Foundation 52-1795789

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee Or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Sandra Pressman Trustee	1	х						0	0	
Michael M Vann Secretary	40	,		х			-	70,477	0	16,516
James Elder Treasurer	1			x				0	206,917	35,869
Annie Davis Executive Director	1			х				0	248,825	14,09
	0							0	0	
	0							0	0	,
	0							0	0	
	0							0	0	
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#### Form 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

<ul> <li>If you a</li> </ul>	re filing for an Additional (Not	onth Extension, complete only Part I and check to Automatic) 3-Month Extension, complete only to we already been granted an automatic 3-month extension	Part II (on page 2 of t		<b>▶</b> [X] 8868.
Part I		ension of Time. Only submit original (no copi			
Part I only		and requesting an automatic 6-month extension—			<b>►</b> [X]
	orporations (including 1120-C l income tax returns.	ilers), partnerships, REMICs, and trusts must use F	Form 7004 to request	an extensio	on of
of the returnelectronical returns, or Form 8868.	ns noted below (6 months for a fly if (1) you want the additiona a composite or consolidated F For more details on the electi	can electronically file Form 8868 if you want a 3-m a corporation required to file Form 990-T). However I (not automatic) 3-month extension or (2) you file Form 990-T. Instead, you must submit the fully componic filing of this form, visit www.irs gov/efile and c	, you cannot file Forms Forms 990-BL, 6069, bleted and signed pag lick on <i>e-file for Char</i>	n 8868 or 8870, gr je 2 (Part II rties & Non <sub>i</sub>	oup ) of profits.
Type or	Name of Exempt Organization		Employer ide	ntification r	ıumber
print	NPR Foundation	ute no. If a P.O. box, see instructions,	52-1795789		
File by the due date for	635 Massachusetts Ave, NW	ine no. Il a F.O. box, see insudutions,			
filing your return See		and ZIP code. For a foreign address, see instructions.			
instructions.	Washington	•	DC	20001	
Check type	of return to be filed (file a se	parate application for each return):			
X Form 9		Form 990-T (corporation)		Form	4720
Form 9	90-BL	Form 990-T (sec. 401(a) or 408(a) trust)		=	5227
Form 9:	90-FZ	Form 990-T (trust other than above)		Form	
Form 99		Form 1041-A		=	
FORTH 9:	90-FF	F0111/1041-A		☐ Form	00/0
Telephon  If the orga  If this is fo is for the who list with the r  I reque	e No. 202-513-2000  anization does not have an officer a Group Return, enter the oral group, check this box  aames and EINs of all member lest an automatic 3-month (6 m 8/15/2010  ne organization's return for:	FAX No. ► 202-513-304 ce or place of business in the United States, check ganization's four digit Group Exemption Number (€ ►	4 this box		tach a
	calendar year or				
► <u>X</u>	tax year beginning	10/1/2008 , and ending	9/30/2009		· ·
		ths, check reason: Initial return Final re		n accountir	ng period
		990-PF, 990-T, 4720, or 6069, enter the tentative t	ax,		
	y nonrefundable credits. See i		33	1 \$	
		or 990-T, enter any refundable credits and estimate		1.	
		ar overpayment allowed as a credit.	31	\$	
		ne 3a. Include your payment with this form, or, if re			
	). See instructions.	d, by using EFTPS (Electronic Federal Tax Payme	nt 3c	<b>劉</b> : 【\$	0
		onic fund withdrawal with this Form 8868, see Form			0
or payment in		12.1.2 minaranar mar ana i omi 0000, 366 i um	10-100-20 and 10mi	551 5-LO	
	t and Paperwork Reduction Act	Notice, see Instructions.	Fo	m 8868 (R	ev. 4-2009)

Form	1 8868 (Re	ev 4-2009)			Page 2
		e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and c			<b>▶</b> □
		complete Part II if you have already been granted an automatic 3-month extension on a prev	lously filed F	orm 8868.	
		e filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
_	rt II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c			
Тур	e or	Name of Exempt Organization	mployer ider	ntification nu	mber
prin					
File by extend		Number, street, and room or suite no. If a P.O. box, see instructions	or IRS use on	ly	
due da filing ti		City to a second of the second			
relum	See	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Instruc		of return to be filed (File a separate application for each return):			
_	Form 99			0000	
=	-		===	m 6069	
=	Form 99	(2)	∐ For	m 8870	
	Form 99	00-EZ  Form 990-T (trust other than above) Form 5227			
STOR	Pl Do no	t complete Part II if you were not already granted an automatic 3-month extension on a previously	filed Form 8	868.	
• T	he book	s are in the care of			
		e No. ► FAX No. ►			
		anization does not have an office or place of business in the United States, check this box.			• 🔲
		or a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
for th	ie whole	group, check this box	▶ 🔙 a	nd attach a	
list w	ith the r	ames and EINs of all members the extension is for.			
4	-	est an additional 3-month extension of time until			
5		lendar year, or other tax year beginning, and endin	ıg		
6	If this t	ax year is for less than 12 months, check reason: Initial return 🔲 Final return 🔲 Ch	nange in acc	ounting peri	od
7	State in	n detail why you need the extension			
	If the a	nation to the Common OO DI 000 DE 000 T 4700 as 0000 at a 45 to 45 to 45			
o a		opplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, y nonrefundable credits. See instructions.	100	¢	
ь.		pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	8a	\$	
D		ed fax payments made. Include any prior year overpayment allowed as a credit and any			
		paid previously with Form 8868.	8b	\$	
c ·		Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with	-   30	Ψ	
•		pon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0
		Signature and Verification		<u></u>	<u>~</u>
		perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of r od complete, and that I am authorized to prepare this form	πy knowledge a	nd belief,	
is uus,				11	
lgnatur	e 🕨 🔪	Janero Velele Tille - Treasurer	Date 🕨	2/3/20	H o
			Form	3868 (Rev 4	-2009)
	- 1/			•	•

FOR THE SECTION AND THE SECTIO

À,

#### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### **Compensation Information**

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. OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

NPR	Foundation 5	2-1795789		
Par				
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person li	sted in Form ;	7	- 13
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding th	ese items		
	First-class or charter travel Housing allowance or residence for perso	nal use	i	
	Travel for companions Payments for business use of personal re	sidence		
	Tax indemnification and gross-up payments Health or social club dues or initiation feet	s i	`  ~	1
	Discretionary spending account  Personal services (e.g., maid, chauffeur, o	chef)	٠, الله	
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement	ent or		. , , ,
	provision of all of the expenses described above? If "No," complete Part III to explain	. 1b	دنــــالمحدد	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a	ıll		
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1		l x	i
_		30.0		
3	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			The Control
	X Compensation committee Written employment contract	-1/3		
	X Independent compensation consultant X Compensation survey or study	\$ 20° t		
	Form 990 of other organizations  X Approval by the board or compensation or	ommittee		
		i sd	17 . 20	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a	12.1		
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	,	Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in F	Part III 기계		No.
	Only 504(a)(2) and 504(a)(4) arranizations much assure to 15 as 7. 0	i. Silan		1
5	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		到等较	
3	compensation contingent on the revenues of	r the	14	<b>蒙斯</b>
а	The organization?	5a		X
b	Any related organization?	5b		<del>  ^</del>
	If "Yes" to line 5a or 5b, describe in Part III	1.	1 53.35	17 45
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			317
	compensation contingent on the net earnings of	\$-+ <sup>*</sup> \$1	1 23	PAR
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III	<u></u>	الم الم	- 72'47
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fi			
_	payments not described in lines 5 and 6? If "Yes," describe in Part III.	. 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	5		
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," described in Regs section 53 4958-4(a)(3)?	ıbe		1

Page 2

NPR Foundation

Schedule J (Form 990) 2008

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

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)(i)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	SC compensation				į
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(r) Compensation reported in prior Form 990 or
				compensation				Form 990-EZ
ames Figer	€	O		0	0	0		0
	Ξ	186,805		20,112	30,888	4,981	242,786	0
Annie Davis	Ξ	O	0	0	0	0		0
	€	228,325		20,500	0	14,093	262,918	0
Kevin Klose	Ξ	0	0	0	0	0		0
	≣	359,448		816,754	34,500	9,916	1,220	800,546
	Ξ	0	0	0	0	0		0
	<b>E</b>	0	0	0	0	0	0	0
	ε	0	0	0	0	0		0
	€	0		0	0	0	0	0
	ε	0	0	0	0	0		0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0		0
	<b>(E)</b>	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0		0
	€	0	O	0	0	0	0	0
	Ξ	0	0	0	0	0		0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0		0
	Ξ		0	0	0	0	0	0
	Ξ	0	0	0	O	0	0	0
	€	0	0	0	0	0	O	0
	Ξ	0	0	0	0	0	O	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	O	0	0	0	0	О	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
							Sched	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

# SCHEDULE M (Form 990)

#### **NonCash Contributions**

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service  To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization
NPR Foundation

Employer identification number 52-1795789

	Carioun			102-1700	703
Part	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art	арриссые		Tom 550,1 art vin, into 1g	Teverides
2	Art—Historical treasures				
3	Art—Fractional interests		-		<del> </del>
4	Books and publications .		5 , 250 , 125	<del> </del>	<del> </del>
5	Clothing and household		4 1.2 1.7 1		<del> </del>
J	goods		The same of the sa		
6	Cars and other vehicles		*,**		
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	16	404 556	Selling Price
10	Securities—Closely held stock		10	494,530	Sening Fince
11	Securities—Partnership, LLC,				<del> </del>
''	or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation	L	-		
13	contribution (historic				
	structures) .		<b>\</b>	1	}
14	Qualified conservation				
14					
15	contribution (other) Real estate—Residential.				
16	Real estate—Commercial				
17	Real estate—Other	<u> </u>			
18	Collectibles .				
19	Food inventory				<del> </del>
20	Drugs and medical supplies		<del></del>	<del></del>	<del></del>
21	Taxidermy		·		<del> </del>
22	Historical artifacts				
23	Scientific specimens .				
24	Archeological artifacts				
25	<u> </u>		0		
26	000		0	<del></del>	<del></del>
27	`````	-	0		<del></del>
28	Other ► ()				
	Sales > ()		0	[C	<del> </del>
29	Number of Forms 8283 received	by the or	ganization during the tax yea	ar for contributions for	1
	which the organization complete	d Form 8	283, Part IV, Donee Acknowl	ledgement .	29
					Yes No
30 a	During the year, did the organiza				-28 <b>26 26 26 26</b>
	that it must hold for at least three	e years fro	om the date of the initial conti	ribution, and which is not	
	required to be used for exempt p	ourposes t	for the entire holding period?	•	30a X
b	If "Yes," describe the arrangement	nt in Part	· II		
31	Does the organization have a gi	t accepta	nce policy that requires the re	eview of any non-standard	
	contributions?				31 X
32 a	Does the organization hire or us	e third pa	rties or related organizations	to solicit, process, or sell	
	noncash contributions? .				. 32 X
b	If "Yes," describe in Part II				
33	If the organization did not report checked, describe in Part II	revenues	in column (c) for a type of pi	roperty for which column (a)	is

Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
Part I Line 9	The number of contributions is determined by counting each gift (rather than each share received) of stock seperately
Part I Line 3	32b To accelerate the processing of contributions NPR Foundation uses a third party broker to process and sell
Part I Line 3	32b non-cash contributions electronically transfered
	······································

# SCHEDULE O (Form 990)

#### 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. OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NPR Foundation 52-	1795789
Form 990 Part III Line 1	
The NPR Foundation, an affiliated organization of National Public Radio, Inc. (NPR), was	•••••
founded with the purpose of raising charitable contributions for the benefit of NPR, disbursing	
funds to NPR for the operation, promotion, development, capital expansion, and other valid	
purposes of NPR, and conducting fundraising efforts and engaging in related activities for the	
benefit of NPR The NPR Foundation's operation in fiscal year 2009 was consistent with these	
principles	
Form 990 Part VI Section A Line 2	
Howard Stevenson (Ex-Officio Trustee) and Frederika Stevenson (Trustee) have a family relationsh	qı
Form 990 Part VI Section A Line 6	
The Sole Member of the Foundation is NPR	
Form 990 Part VI Section A Line 7a	
The President and the Chairperson of the Board of Directors of the Sole Member, acting jointly,	
are official voting representatives for the Sole Member and ex officio member of the Foundation	
Board of Trustees Elected Trustees shall be deemed elected following (1) the affirmative vote of	
the Board of Trustees and (2) ratification by the Sole Member, except that, if the two Voting	
Representatives of the Sole Member, acting in their capacity as Ex Officio Trustees, have cast	
affirmative votes for the election of an Elected Trustee, no ratification shall be required	
Form 990 Part VI Section A Line 7b	
The Sole Member shall have all rights conferred by statute, the Articles of Incorporation, and	

within 30 days following notice to the two voting representatives of the Sole Member of such

Schedule O (Form 990) 2008 Name of the organization	Page 2
- 4	52-1795789
action Except that, if the two Voting Representatives of the Sole Member, acting in their	
capacity as Ex Officio Trustees, have cast affirmative votes for the action, such action may not	
be altered by the Sole Member Prior to alteration of any action, the Sole Member shall provide	
the Chairperson of the Board with written notice of its intent and the reasons why	•••••
Form 990 Part VI Section A Line 10	
Prior to filing, a review of the Foundation's completed Form 990 and 990-T is required by the	
Foundation's Board of Trustees and the Board of Directors of the Sole Member (NPR) All board	<u>d</u>
members receive access to a printable electronic copy of the Forms via an internal web based	
platform The Foundation's Board of Trustees has the opportunity to review a final draft of the	
federal filing not including its Schedule B, Schedule of Contributors NPR's Board of Directors	
(the Sole Member of NPR Foundation) received a complete final draft for review. A two weeks	
review period is afforded each board member and they are encouraged to submit any comment	<u>s</u>
or requested revisions to the Finance Department directly	
Form 990 Part VI Section B Line 12c	
High standards of integrity shall be maintained by all trustees and employees in exercising their	
duty of loyalty to the NPR Foundation NPR Foundation educates and holds its employees	
accountable on conflict of interests as described in its statement of employee responsibility and	
conduct available to all employees in NPR's employee handbook. The policy sets forth standard	ds
of conduct and responsibilities and governs disclosure of employment and financial interest by	
employees The statement of employee responsibility and conduct is similar to the board of	
trustees conflict of interest policy elaborated on below	
	•
Pertaining to trustees, while it is recognized that trustees of the Foundation may at times have	
interests that are adverse to the Foundation, they shall always, while performing their duties as	
trustees, remain loyal to the Foundation Pertaining to conflicts of interest, Honorary Advisors or	

other persons serving as non-voting members of committees of the board of trustees are subject

Schedule O (Form 990) 2008  Name of the organization	Page 2 Employer identification number
NPR Foundation	52-1795789
to the same ethical and disclosure obligations as voting Trustees	
A conflict of interest exists whenever during the performance of duties to the Foundation there	re
appears to arise, involving a trustee, an employee, an honorary advisor or any person or	
organization with which the aforementioned are associated (meaning serving as an officer,	
employee, or agent thereof), or negotiating for a future association with, has, a financial inter-	est
or other interest that is adverse to the interest of the Foundation_NPR Foundation continually	y
monitors and annually surveys Trustees, Officers, and Key Employees of the Foundation in o	order
to identify possible conflicts of interest. The General Counsel is authorized, with the approval	l of
the Chairperson of the Board, to seek from trustees such information as to conflicts of interes	st,
nonpublic corporate information and gratuities as he or she deems appropriate, including	
periodic disclosure of information about the interests of the trustee which could lead to conflict	cts
of interest	
In regards to actual or apparent conflicts of interest, a trustee shall 1) Refrain from any use of	o <u>f</u>
their position as a trustee which is motivated by, or gives the appearance of being motivated	by
the desire for gain for the trustee or for other person or organization with which he or she is	
associated, 2) Disgualify himself/herself from formal or informal discussions with trustees or	
participation in any decisions which pose a conflict of interest or the appearance of a conflict	of
interest. If such disqualification is necessary, the trustee shall inform the Chairperson of the	
Board of that disqualification, and the Chair shall as soon as possible thereafter inform the of	ther
trustees and the General Counsel of NPR ("General Counsel") of such disqualification. If the	re
is any question as to whether there is a conflict of interest, the trustee shall request a written	
opinion from General Counsel regarding the propriety of the trustee's involvement. If the issu	
over which the conflict of interest would, in the opinion of the Chairperson of the Board	
potentially lead to the disqualification of a substantial portion of the trustees, the Chair shall	
confer with the General Counsel and together they shall develop a system in which the	

participation of the otherwise disqualified trustees may occur while still protecting the

Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization NPR Foundation	Employer Identification number 52-1795789
Foundation from the effects of the conflict of interest	
In regards to Nonpublic information the trustee shall 1) Remove himself/herself from, or not	
participate in, any discussion which might disclose to him or her any nonpublic information	
received by him or her in the course of performing services as a trustee of the Foundation	
("nonpublic information") that could be used for any personal gain, either directly or by	
disclosure, counsel, recommendations or suggestions to other persons or organizations with	
which her or she is associated, 2) Refrain from any use of nonpublic information for any	
personal gain, either directly or by disclosure, counsel, recommendations or suggestions to other	er
persons or organizations with which he or she is associated, 3) Refrain from disclosing to any	
person not a trustee, officer or employee of the Foundation or NPR any nonpublic information,	
rrespective of whether it could be used for any gain by him or her or by any other persons or	
organizations with which he or she is associated. A trustee shall not knowingly receive or solicit	•
from any organizations or persons having business with the Foundation or NPR anything of	
significant value as a gift, gratuity, loan or favor for the trustee or other persons or organizations	3
with which he or she is associated. Anything with a value under \$25 is deemed insignificant	
After consulting with the General Counsel, the Chairperson of the Board shall move that the	
Board vote such corrective actions as may be necessary or appropriate to remedy any violation	of
this Conflict of Interest Policy for Foundation Trustees as determined by the Board Such	
motion shall be made at the Chair's initiative or at the request of any trustee. Corrective actions	
shall be appropriate to the violation, and may include suspension or removal from the Board	•••••
Form 990 Part VI Section B Line 14	•••••
The organization is currently developing an organization-wide policy	
F 000 Pad VI Otra P I 45	
Form 990 Part VI Section B Line 15	
All officers of the Foundation are compensated directly by National Public Radio, Inc. (NPR) usi	ng

Schedule O (Form 990) 2008		Page Z
Name of the organization  NPR Foundation	Employer Identification number 52-1795789	
the NPR compensation program. For officers of the NPR Foundation, NPR routinely utilizes		
benchmark studies and independent review of market compensation data from both not-for-pro	fit	
and media organizations prepared by compensation consultants at the time of employee hiring		
or when special compensation adjustments are awarded. Thereafter the annual salary		
adjustments for these individuals conform to adjustments provided to the workforce generally		
No persons with a conflict of interest with respect to the compensation arrangement		
were involved in the approval process		
•••••••••••••••••••••••••••••••••••••••		
The organization keeps contemporaneous documentation with respect to the deliberations		
and decisions		
Form 990 Part VI Section B Line 19		
Current and prior year Audited Financial Statements and Form 990 & 990-T are posted and		
available for download on www npr org. Governing documents and conflict of interest policies		
are available upon reguest		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

➤ See separate Instructions. ▲ Name of the organization NPR Foundation

Identification of Disregarded Entities

Part J

Related Organizations and Unrelated Partnerships

Open to Public

OMB No 1545-0047

Employer identification number 52-1795789

(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
			0	0	
			0		
			0		•
			0		,
			0		
			0	0	
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
National Public Radio, Inc. 52-0907625 635 Massachusetts Ave NW, Washington, DC 20001	Education & Broadcasting	DC	501(c)(3)	Sec 170(b)(1)(A)(vi)	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 NPR Foundation

52-1795789 e 2

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(H) Percentage ownership	<b>%</b>	%	%	%	%	%	%
(G) Share of end-of-year assets	0	0	0	0	0	0	0
(F) Share of total income	0	0	0	0	0	0	0
(E) Type of entity (C corp. S corp, or trust)							
(D) Direct controlling entity							
(C) Legal domicile (state or foreign country)							
(B) Primary activity							
(A) Name, address, and EIN of related organization							

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Related C
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Transactions
<b>†</b>

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	ş
	following transactions with one or more related organizations listed in Parts II–IV?	交換	471	1
a Receipt of (I) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1p	×	
c Gift, grant, or capital contribution from other organization(s)		2		×
d Loans or loan guarantees to or for other organization(s).		19		×
e Loans or loan guarantees by other organization(s)		9		×
			-	
f Sale of assets to other organization(s).		14		×
g Purchase of assets from other organization(s)		7		×
		=		×
I Lease of facilities, equipment, or other assets to other organization(s)		=		×
		, ,		^,
July Lease of facilities, equipment, or other assets from other organization(s).		=		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	
l Performance of services or membership or fundraising solicitations by other organization(s).		=	,	×
m Sharing of facilities, equipment, mailing lists, or other assets.		Ę	×	
n Sharing of paid employees.		Ę	×	
		2 m	1.54	
o Reimbursement paid to other organization for expenses		9	×	]
		2 5		×
		2 .	τ.	
a Other transfer of cash or property to other organization(s)		7 2	1 1 2	×
		7		< ×
2 If the answer to any of the above is "Yes" see the instrictions for information on who must complete this line, including covered relationships and transaction throughout	and the this line and transfer and transfer and transfer	1 2 4 4 6 6	1000	
1	inpiere trus inte, including covered relationships and transact	Ction int	Splous	
(A) Name of other organization(s)	(B) Transaction (ype (a-r)	Amol	(C) Amount involved	ğ
(1)				0
(2)				
(3)				0
147				'
(4)				
(5)				0
(9)				c
		) d of	9	, 900

Page 4

# Unrelated Organizations Taxable as a Partnership **Part VI**

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.

S. C. C. C. C. C. C. C. C. C. C. C. C. C.	Since Simple Company									
(A) Name, address, and EIN of entry	(B) Primary activity	(C) Legal domicile	(D) Are all		(E) Share of	Disprop	(F) Disproportionate	(G) Code V—UBI	(H) Genera	I) ral or
		(state or foreign country)	partners 501(c)(3) organizations?	irs (3) ions?	end-of-year assets	0 0 0 0	Ssugar	amount in box 20 of Schedule K-1 (Form 1065)	man	managing partner?
			Yes	٩		Yes	٩		Yes	8
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