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Form	JJU

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4847(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public

int		The organization may have to use a copy of this return to			ditettietier	Inspection
A	For		009, and ending		15 m. i	, 20
В	Check	Il applicable: Please C Name of organization StoryCorps, Inc.	<u> </u>		•	er identification number
	Addre	ISB change label or Couly Busilese As			13	3753011
	Name	change print or Number and street (or P.O. box if mail is not delivered to street address type.	s) Room/sulte)	E Telapho	
	Infilat	rehim See 80 Hanson Place 2nd Floor			(646)	723-7020
	Termin	Specific City or town, state or country, and ZIP + 4	;		l	
	Ameno	ded return tions. Bracklyn, NY 11217			G Gross rec	apts \$ 5,552,343
		If Name and address of principal officer. Dave Isay		H(a) is th	e a group return	for affiliates? Yes No
		80 Hanson Place 2nd Floor Brooklyn, NY 11217				cluded? Tyes Tho
Ī	Tax-e	xempt status:				list: (see instructions)
J	Web	site: > www.storycorps.org		H(c) Group	exemption num	ber >
K	Form o		Year of formation	1994	M State of	iegal domicile: NY
Ρ	art I	Summary				
	1		vities Nationa	I Oral HI	story Proje	ect
	Ι,	pliety describe the organizations intestion or most significant according	AITIOS. Tirriri			
Activities & Governance	J	***************************************	*********		1004770000	
Ę						PP\$0
Ž	١.	Check this box ➤ ☐ If the organization discontinued its operations or disposed or	f mara than 0506 a	i lie est see		
Ĝ	2	· · · · · · · · · · · · · · · · · · ·		1121161 022	is. 3	' 12
뼥	3	Number of voting members of the governing body (Part VI, line 1a			4	11
ë	4	Number of independent voting members of the governing body (P			5	
Ť	5	Total number of employees (Part V, line 2a)				107
₹	1 -/	, , , , , , , ,			. 6	
	7a	Total gross unrelated business revenue from Part VIII, column (C),	line 12		. 7a	0
	<u>d</u>	Net unrelated business taxable income from Form 990-T, line 34,			<u>. 76</u>	0
	ł	•	<u> </u>	Prior Y		Current Year
9		Contributions and grants (Part VIII, line 1h)			488,324	4,559,997
Ē	9	Program service revenue (Part VIII, line 2g)			558,892	982,600
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			3,499	9,746
4	11	Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	11e)	ميواندوس		· · · · · · · · · · · · · · · · · · ·
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,	050,715	<u>5,552,343</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .				
_	14	Benefits paid to or for members (Part IX, column (A), line 4)				
Semenses		Salaries, other compensation, employee benefits (Part IX, column (A), lir	nes 5-10)	3,	468,498	3,974,363
ş		Professional fundralsing fees (Part IX, column (A), line 11e)				
a		Total fundraising expenses (Part IX, column (D); line 25) ▶				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	L	1,	838,723	1,451,507
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), I		5,	307,221	5,425,970
	19	Revenue less expenses. Subtract line 18 from line 12		-1,	256,508	126,473
Assets or Balances			Bej	inning of C	urrent Year	End of Year
윓톭	20	Total assets (Part 🖈, line 18 ECEIVED		3,	515,472	3,594,505
58	21	Total liabilities (Part X.IIIne 26)			972,183	924,743
옷문	22	Total llabilities (Park X, lline 26)	<u> </u>	2,	543,289	2,669,762
	rt II	Signature Block JUL () (5 2010 9				
		Under penalties of perjury, I declare that I have examined this four including accordand belief, it is tage, dorrect, and complete. Declaration of prefixing (other than office	mpanying schedule	s and stater	nente, and to	the best of my knowledge
		and delief, it is tale, defrece, and company tectatation of preparation than only	sau) se comeo ou su			,
Sig	n ~~				125/	20/0
Hei	'8	Signature of officer Sharyanne McSwain - Director of Finance &	Administr	ation Dat	96 (
	-	Snaryanne wicswain - Director of Finance d	Auministr	audii		
		Type or print name and title				
		Preparers Lutz and Carr, CPAs LLP Day 300 East 42nd Street	te Checi	k If .	Preparer's Ide	intliying number
Pald		algnature 7300 East 42nd Street	I de l'emple	yed ▶ 🔲	(see instruction	ns)
_	arer's	New York, NY 10017 Wat Buy	01470		<u>. </u>	
Use		Firm's name (or yours		EIN	>	
	only	if self-smployed), address, and ZIP + 4		Phone no	. ▶ (212	697-2299
May	the l	RS discuss this return with the preparer shown above? (see instru	ctions)			✓ Yes □ No
For	Privac	y Act and Paperwork Reduction Act Notice, see the separate instruct	ons.	Cat. No. 11	282Y	Form 990 (2009)

Form 990 (2009)

Cat. No. 11282Y

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The mission of StoryCorps, Inc. is to provide Americans of all backgrounds and beliefs with the opportunity to record, share and preserve the stories of our lives.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
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 of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,114,236 including grants of \$) (Revenue \$ 982,600) Schedule O
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
	······································
4c	(Çode:) (Expenses \$including grants of \$) (Revenue \$)

	•••••••••••••••••••••••••••••••••••••••
4d	Other program services. (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,114,236

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	✓_	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
е	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		W. 70	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	<u>✓</u>	ord
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
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		1
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Fel	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		✓
b c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b 24c		√
	to defease any tax-exempt bonds?	24d		√
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a 25b		√
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		ر پارور د	, i.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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 "Yes," complete Schedule R, Part I</i>	33		1
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38 ———	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Pal	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	~	
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 107		1	ļ
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		L	
	this return?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		,
b	If "Yes," enter the name of the foreign country: ▶	,	11.	
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	18.	/ 🖏	
	and Financial Accounts.	,	2	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).) e	,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ž	: ئسىشىت
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?:	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		V
	If "Yes," indicate the number of Forms 8282 filed during the year		*:	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	*	>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
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		ļ	
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Į	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1	ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		I	
40.	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management		1	1
	1 1	г	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		 	
	any other officer, director, trustee, or key employee?	2	<u> </u>	~
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		١.
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ	~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	<u>7a</u>		<i>'</i>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.4	* ***	
	the year by the following:			
	The governing body?	_8a	~	
ь	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		V
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	V	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		¥ ¥,	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		~
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		~
13	Does the organization have a written whistleblower policy?	13	~	
14	Does the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by	<i>'</i>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ئ		
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		6
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<u> </u>	ļ	
	with a taxable entity during the year?	16a		~
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY, CA, GA, TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	s(8)(3	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	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 reco	rds o	f the	
	organization: ▶ Ed Schemitsch - Manager, Finance			
	80 Hanson Place 2nd Floor Brooklyn, NY 11217 Ph: 646 723 7020			

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average		on (d		k all	that ap		Reportable	Reportable	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)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Deborah Leff	1									
Chair		1								
Richard Hecht	1									
Treasurer		8								
Jim Moore	1									
Secretary		1			L	<u>L</u>				
Senator William Bradley	1									
_Board Member	L	~			L					
Jane Phillips Donaldson	1									
Board Member		V								
Kevin Klose	1									
Board Member		1								
Tom Moore	1									
Board Member		y								
Jack Rosenthal	1							-		
Board Member	j	1			İ	į	i i			
Michael Shuman	1									
Board Member		~			Ī					
Nicki Newman Tanner	1									
Board Member		v								
William H Wright II	1					T -			· · · · · · · · · · · · · · · · · · ·	
Board Member		~								
Dave Isay	50							119,588		17,188
President				~				,		.,,,,,
Donna Galeno	50						П	128,951		5,685
Director of StoryCorps				~						0,000
Sharyanne McSwain	50						П	119,590		11,731
Director of Finance & Administration				~				,300		,,,
Kara Fagan	50							105,799		5,685
	-			~				,,,,,,,		5,560
Director of Development										

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key	y Emp	oloy	ees	, an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)	(B)			•	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	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 organizations
	Total	 .	<u></u>	•	• •	<u>.</u>			473,928		40,289
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	IISTE	eca a	lbove) Wr	io received mo	ore than \$100,0	חו טטנ
3	Did the organization list any former office employee on line 1a? If "Yes," complete Second representation of the second related organization and related organizations.	chedule J i sum of repo	<i>for su</i> ortable	ch i e cc	i <i>ndi</i> omp	<i>vidu</i> ens	<i>ial</i> . sation	and		 nsation from	Yes No
5	individual								·		4 \ \sqrt{5} \ \sqrt{5}
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d inde	pe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,000 of
	(A) Name and business add	ress							(B) Description of so	ervices	(C) Compensation
						_					
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	hose	liste	ed above) who	received	

art	VI	Statement of Re	evenue						Page
	The state of the s			Š		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
and other similar amounts		Federated campaigns		1a					The second with the second sec
, 릴	b	Membership dues		1b	ļ <u>.</u>				
lar an	C	Fundraising events .		1c					
ā	d	Related organizations		1d					
and other sim	е	Government grants (conti	ributions).	<u>1e</u>	1,762,560				
5	f	All other contributions, gifts,	grants,	}	ļ				Charles Sheet in
둥		and similar amounts not included above 11		1f	2,797,437				
힏	g	Noncash contributions includ	led in lines 1a-	1f: \$			E PART IN		
<u>ā</u>	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	<u></u>	<u> </u>	4,559,997	1.34%等的		
흥					Business Code				
ĕ	2a				900099	739,476	739,476		
ا چ	b	Book Revenue			451211	243,124	243,124		
Program Service Revenue	C	***************************************							
, g	d								
Ē	е								
ğ	f	All other program serv	ice revenu	9 .					
Ĭ	g	Total. Add lines 2a-2f			>	982,600	理學等的學術	20 20 20 15 40	
	3	Investment income (incother similar amounts)				5,430			5,43
į	4	Income from investment of							
ļ	5	Royalties		• •	<u> </u>				
- }			(i) Real		(ii) Personal				
- 1	6a	Gross Rents						Samuel Sales	
1	b	Less: rental expenses	L						
- [Rental income or (loss)					5 6 6 6 6 6 6 6 6		
- 1		Net rental income or (loss)			🕨				
	72	Gross amount from sales of	(i) Securiti	es	(ii) Other				
- 1	ıa	assets other than inventory			20,000				
- 1		Less: cost or other basis							
	ט	and sales expenses .	ļ		15,684				
- [_	Gain or (loss)		$\neg \neg$					
ſ		Net gain or (loss)				4,316	7		200
,				٠ . ا	• • • • •			ENGL STATE	テンジンスは、これの
	8a	Gross income from	fundraisi	ng					
. 1		events (not including \$							
		of contributions reported See Part IV, line 18		C).					WAY THE
3		•		a					
		Less: direct expenses Net income or (loss) fro		, Di	vents .		42.60		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		, ,		_ I	venus .	5" - 4 x 2 2 x 50 + 4 x 5 x 50 x 50 x 50 x 50 x 50 x 50 x 5	3211490 31 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	497-100 (A. J.	7 87 "Nærge 227"
	9a	Gross income from gam							
]		See Part IV, line 19							
Į		Less: direct expenses.			tion .	**************************************	8. 4. man. 表示证明、为 1. E.象	Carried Section	からのない
		Net income or (loss) from		1	ues	P. Charlet Carries	12791 17 - 1777 61844 137 31	ngaragasese na cee	. 4. 8 84. January - 278877 Waller
[1		Gross sales of inve				TO THE STATE OF TH	国际工程设计	建筑建筑	如应有联系。
		returns and allowances							· 1000 1000 1000 1000 1000 1000 1000 10
		Less: cost of goods so					L. W. D. T. Tank	State State State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	C	Net income or (loss) from		ivento		Tay	A STATE OF THE STATE OF	AAT 7 SEA S	Towards that said is not
		Miscellaneous Reve	enue		Business Code	L. Warden	# Jan 1977		
1	1a				·				
	þ								
	C								
- 1	d	All other revenue		[
- 1							武士被禁犯的	医一种物质	5. Eller
	e	Total. Add lines 11a-11	1a ,		, , , . > 1		C. COUT ST. APPLIES Y AT AN	J. T. J.	17 - 3 - 15 - 15 - 15 - 16

Part IX Statement of Functional Expenses

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

Section 50 (C)(5) and 50 (C)(4) organizations must complete all columns.	
All other organizations must complete column (A) but are not required to complete columns (B),	(C), and (D).

	All other organizations must complete co o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		UNDS11363	general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			YELL SELECT	THE STATE OF THE S
5	Compensation of current officers, directors,	ľ			
	trustees, and key employees	473,928	236,581	128,790	108,557
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,787,381	2,253,837	237,769	295,775
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	404 550	200 100	40.000	40 150
9	Other employee benefits	401,552	303,193	49,209	49,150
10	Payroll taxes	311,502	235,200	38,174	38,128
11	Fees for services (non-employees):				
	Management	}	<u> </u>		
	Legal	18,087		18,087	
	Accounting	10,007		10,007	
	Lobbying		**************************************		
	Professional fundraising services. See Part IV, line 17		\$55.55 W. 25.00 A. T. L. T. C. S. C.	2007-41-9523897890050730	
f	Investment management fees			 .	
		106,181	44,234	4,019	57,928
12	Advertising and promotion	44,971		8,886	4,389
13 14	Office expenses	44,571	01,030	0,000	1,000
15	Information technology				
16	Royalties	168,641	121,603	31,648	15,390
17	Occupancy	258,469	250,859	4,176	3,434
18	Payments of travel or entertainment expenses			.,	9,101
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	32,144		32,144	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	275,802		12,805	6,479
23	Insurance	47,461	32,589	10,230	4,642
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	3, 1055 C. 1200 CR. 104 PM THE	CAST MANAGEMEN	Carry Halles Manager	建筑器 [2] 中国经济
а	Other Consulting Fees	123,446	58,070	14,250	51,126
þ	Professional Fees	166,241	155,368	10,822	51
C	Vehicles & Equipment Lease	50,840		2,826	1,633
d	Other Operating Expenses	48,322	16,330	11,591	20,401
е	Telephone & Data	29,457	22,898	4,382	2,177
25	All other expenses	81,445	48,879	7,106	25,460
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► ☐ if following	5,425,870	4,114,236	626,914	684,720
20	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
		<u> </u>		<u> </u>	Form 990 (2009)

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	344,564	1_	374,719
2	Savings and temporary cash investments	673,384	2_	1,254,262
3	Pledges and grants receivable, net	1,857,872	3_	1,367,864
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	-	6	
7 اع	Notes and loans receivable, net		7	
7 8 8	Inventories for sale or use		8	
g 3		54,814	9	101,727
10a			3 4 4 4	
h	Less: accumulated depreciation 10b 1,478,011	551,601	10c	345,276
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	150,657
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,515,472		3,594,505
17	Accounts payable and accrued expenses	201,513	_	198,131
18	Grants payable		18	
19	Deferred revenue	133,650	19	193,750
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		14 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
בֿ	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	509,520	24_	532,862
25	Other liabilities. Complete Part X of Schedule D	127,500	25	
26	Total liabilities. Add lines 17 through 25	972,183	26	924,743
S	Organizations that follow SFAS 117, check here ▶			
<u> </u>	Unrestricted net assets	937,851	27	1,176,105
28	Temporarily restricted net assets	1,605,438	28	1,493,657
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances		33	
34	Total liabilities and net assets/fund balances	3,515,472	34	3,594,505

Page	1	2

				J -
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		1 2 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 2b	1	✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	3 2		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009
Open to Public Inspection

Name of	the organizat	ion							Employer i	dentificati	on number
			ORPS, INC.						13	<u> 3753</u>	011
Part I	Reason	for Public Char	r ity Status (All organi	zations mu	ist comple	te this par	t.) See ins	tructions	S		
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
- 1	A church, co	nvention of churche	s, or association of chu	rches desc	ribed in se	ection 170)(b)(1)(A)(i).			
2 🖳	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Se	chedule E.))						
з 🖳	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).				
4 📖	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	(b)(1)(A)	(iii). Enter th	ne hospital	's name,
	city, and sta										
5 🔛	An organizat	ion operated for the	benefit of a college or u	ınıversity o	wned or op	perated by	a govern	mental u	ınit describe	d in	
_	section 170	(b)(1)(A)(iv). (Compl	ete Part II)								
6 🖳	A federal, sta	ate, or local governm	nent or governmental un	it describe	d in section	n 170(b)(1)(A)(v).				
7 X	An organizat	ion that normally rec	ceives a substantial part	of its supp	oort from a	governme	ental unit d	or from t	he general p	ublic desc	ribed in
_		(b)(1)(A)(vi). (Comple									
8 🖳			section 170(b)(1)(A)(vi).								
9			eives: (1) more than 33								
	activities rela	ited to its exempt fu	nctions - subject to cert	ain excepti	ions, and (2) no more	than 33	1/3% of	rts support f	rom gross	investment
			axable income (less sec	tion 511 ta	ex) from bu	isinesses a	acquired b	y the or	ganızatıon a	fter June 3	0, 1975.
		509(a)(2). (Complete	•								
10			perated exclusively to te					-			
11 🗀			perated exclusively for t							•	
			ations described in sect				2). See se e	ction 50	9(a)(3). Che	ck the box	that
			organization and comp		_						
	a ∐ Type			с 🔲 Тур			-			Type III - C	
e 📖			at the organization is no		-	•	•				
			than one or more public						09(a)(1) or s	ection 509	(a)(2).
f			tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			_
		rganization, check th									∟
g			organization accepted a			-					<u></u>
			lirectly controls, either a	ione or tog	jether with	persons o	described	ın (ii) and	d (iii) below,		Yes No
	_		upported organization?							11g(i)	
			n described in (i) above?				•			. 11g(ii)	
_		-	person described in (i)	• •	•	-		•		11g(iii)	<u> </u>
h	Provide the f	ollowing information	about the supported or	rganization	(S)						
		ľ	(iii) Type of	L				()	Jo the		
	Organization (ii) EIN Organization (iii) EIN Organization		u notity the	organiza	Is the	(vii) Amount of					
orga	anization		(described on lines 1-9		document?			(i) orgai	nized in the i	sup	port
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(000 11101110110110)/	163	140	163	140	165	140		
					1						
				 	-				 		
	·										
				1	ļ	i i	}				
				+				 	+		
				1	 		 		+		
		1		 				,	-++		
Total			-					}			
-	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Sched	ule A (Form	990 or 99	0-EZ) 2009

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 STORYCORPS, 13-3753011 Page 2 INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2738726. 4832830. 4464398. 3488324. 4559997.20084275. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2738726. 4464398. 4832830. 3488324. 4559997.20084275. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f) 1892834. 18191441 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2738726. 4832830 7 Amounts from line 4 4464398 3488324 4559997.|20084275. 8 Gross income from interest dividends, payments received on securities loans, rents, royalties and income from similar sources 773。 5,511 888. 3,499. 5,430. 16,101. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 4,316. assets (Explain in Part IV) 4,316. 20104692. 11 Total support. Add lines 7 through 10 1,154,206. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 90.48 14 % 91.51 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2008. 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 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Schedule A (Form 990 or 990-EZ) 2009

and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ...

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

1

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 **(b)** 2006 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2006 (d) 2008 (a) 2005 (c) 2007 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) <u> 15</u> % Public support percentage from 2008 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

Schedule A (Form 990 or 990-EZ) 2009

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

1

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990. Open to Pt

OMB No 1545-0047

2009

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

StoryCorps, Inc.	13	3753011
FORM 990, PART VI, SECTION B, LINE 11A		
The Form 990 is reviewed by the Audit Committee and the Board of Directors before it is	filed.	
FORM 990, PART VI, SECTION B, LINE 12B and C		
Directors acknowledge each year that they have read and will abide by the organization's	code o	f conduct. In addition,
they provide a written disclosure statement of any conflicts of interest.	•	
FORM 990, PART VI, SECTION B, LINE 15		
The compensation of the President, the organization's top management official, is appro	ved by ti	he Board of Directors.
FORM 990, PART VI, SECTION C, LINE 19	· 	
The organization's governing documents, conflict of interest policy, and financial statem	ents are	available to the public
upon request.	,	
There has been no change in the Audit Committee's role of overseeing the audit of the or	ganizati	on's financial statements
and the selection of the independent accountant.		
		
		•

	o 2
Schedule O (Form 990) 2009 Name of the organization	Page 2 Employer identification number
StoryCorps, Inc.	13 3753011
FORM 990, PART III, LINE 4A - StoryCorps' 2009 Report on Activities	
Since its inception in 2003, StoryCorps has collected more than 29,000 interviews, wi	th approximately 58,000 participants
from every state in the nation. In 2009 alone, we recorded more than 6,400 interviews	, reaching nearly 12,000 participants.
Among StoryCorps' notable achievements in 2009, we greatly increased the number	of Interviews recorded, significantly
expanded a number of departments, and successfully launched the new Historias ini	tlative to collect and preserve the
stories of Latinos/as in the U.S.	
Access to the StoryCorps Experience	
StoryCorps has developed a variety of services, including StoryBooths, MobileBooth	s, Door-to-Door, StoryKits, and a
Do-It-Yourself (DIY) guide, all of which provide wider access to the StoryCorps experi	ience for any individual who wishes to
participate.	
StoryBooths	
StoryCorps' flagship StoryBooth is in Lower Manhattan's Foley Square.	
Apart from the New York City StoryBooth, StoryCorps is operating two partner-leases	d Booths, one in San Francisco
and one in Atlanta. In San Francisco, StoryCorps extended its engagement with the C	Contemporary Jewish Museum (CJM),
which has housed a StoryBooth since October of 2008.	
In October 2009, we proudly opened a new partner-leased StoryBooth in Atlanta in pa	artnership with WABE and
Public Broadcasting Atlanta.	
MobileBooths	·
StoryCorps operates two MobileBooths, Airstream trailers that travel the country year	r-round to record stories. Our East
and West MobileBooths have partnered with public radio stations and community org	ganizations nationwide to record

interviews with participants across the nation.

Schedule O (Form 990) 2009		Page 2
Name of the organization	Employer identific	cation number
StoryCorps, Inc.	13	3753011
MobileBooths have proven enormously successful in allowing us to serve thousands of p	articipants, gen	erating
front-page local news, yielding powerful broadcast content, and giving StoryCorps a true	national presen	ce. StoryCorps'
MobileBooths made more than nineteen new stops on the 2009 MobileBooth Tour Includin	g: Savannah, G	eorgia;
Winston-Salem, North Carolina; Salinas, California; Salt Lake City, Utah; Eugene, Oregon;	Erie, Pennsylva	ınia;
Colorado Springs, Colorado; Grand Rapids, Michigan; and Jacksonville, Florida.		
Door-to-Door		
StoryCorps' Door-to-Door program allows StoryCorps to send trained Facilitators and reco	ording equipme	nt into homes
and institutions of all sizes to record interviews. Door-to-Door has also greatly expanded o	our capacity to	conduct
direct outreach to a range of local and national community partners at no charge, includin	g our work thro	ugh the special
initiatives described below in this report.	••••	
•		
StoryKits and Do-It-Yourself (DIY)		
StoryKits – compact, easy-to-use recording devices that can be rented for home use –mak	e the StoryCorp	os experience
available to all who want to participate. StoryKits have reached all fifty states – meaning th	nat voices from	every part of the
nation are now represented in the StoryCorps archive.		
	••••	
StoryCorps celebrated its second annual National Day of Listening on November 27, 2009	(the day after T	hanksglving).
The National Day of Listening instructs and inspires everyday people to record conversati	ons with loved	ones during
the holidays in an effort to more widely promote a culture of listening. StoryCorps is givin	g new meaning	to the day
after Thanksglving, encouraging families to make a new tradition for this day: sitting down	with a loved or	ne to record
a meaningful conversation which will be preserved for years to come. StoryCorps distribut	tes free literatur	re, including the
Do-It-Yourself Guide, an Education ToolKit, and a new Community Service ToolKit, all avail	able on the Nat	ional Day of
Listening website (www.nationaldayoflistening.org), to help individuals record and share t	heir own intervi	ews.
Audio recordings of National Day of Listening interviews can also be uploaded to a specia	l website, provi	ded by
Entertonement, which allows for sharing interviews with friends, family and the greater pu	blic. StoryCorps	s' partners
	• • • • • • • • • • • • • • • • • • • •	

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
StoryCorps, Inc.	13 3753011
for the National Day of Listening include NPR, the Corporation for National and Communit	ty Service and the American
Library Association. The 2009 campaign was covered in major media outlets such as USA	Today, ABC's Good Morning
America, Oprah Magazine, and the BBC.	
Access to StoryCorps Stories	
StoryCorps seeks to have its interview content reach the largest possible audience and u	ses an array of media platforms
to accomplish this end. StoryCorps continues to broadcast select StoryCorps segments v	veekly on NPR's news program,
Morning Edition, to an audience of nearly fourteen million people nationwide. Additionally	, our free podcasts reach an
estimated 30,000 subscribers per week. In 2009, StoryCorps collected stories for its secon	nd book, Mom: A Celebration
of Mothers from StoryCorps, to be published by Penguin Press in 2010. This volume of co	llected stories follows
the success of StoryCorps' first book, Listening Is an Act of Love, a New York Times Best	Seller. StoryCorps' website,
www.storycorps.org, and www.npr.org, provide further access to our stories.	
StoryCorps archives all recordings at the American Folklife Center of the Library of Congr	ess and in a growing number
of other national and local archives so that communities can have ready access to their or	wn oral histories. StoryCorps
has given local archives to major local partners and to larger national partners such as the	e Smithsonian National Museum
of African American History and Culture and the future National September 11th Memorial	and Museum.
n 2009, StoryCorps continued to receive attention from national news cutlets including C	NN.com, ABC News, and the
Associated Press. StoryCorps has also been featured in some of the country's most prest	igious newspapers, Including
The New York Times, The Washington Post, The Kansas City Star, The Chicago Tribune, T	he Miami Herald and
The New Yorker. This publicity helps StoryCorps gain the attention of current and potentia	al listeners and participants
from across the country.	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

 StoryCorps, Inc.
 13
 3753011

Dage	•
Page	-

- The Grantzandr	Employer identification number
StoryCorps, Inc.	13 3753011
National Technical Institute for the Deaf (Rochester, NY), the world's largest technical	institute for Deaf students.
offering more than 200 academic programs in engineering, business, arts and science	es.
CA Anthony de Francisco (One Francisco OA) antich and the control of the control	
• St. Anthony's Foundation (San Francisco, CA), which provides homeless and low-inco	ome service organization in the
Tenderloin district of San Francisco. Services include a dining room, which serves ov	er 2,600 meals each day, a free
medical clinic, a residential treatment center, and an employment lab.	
medical chilic, a residential treatment center, and an employment lab.	
StoryCorps also conducts outreach through its special initiatives, coordinated national	outreach programs that focus
on specific populations. In 2009, the following were StoryCorps' core initiatives:	
StoryCorps' Memory Loss Initiative (MLI) is designed to reach those affected by Alzhe	elmer's and other memory loss
disorders, as well as their families, friends, and caregivers, to encourage them to pres	erve and snare their life stories
now and leave a legacy for future generations. The MLI is now in its fourth year.	•••
The MLI participant, listener, and partner responses have been overwhelmingly positive	va The Memory Loss Initiative
The mili participant, iisterier, and partiter responses have been overwhelmingly positive	ve. The Meniory Loss Initiative
has recorded more than 1,200 interviews to date and worked with over 150 organization	ons in 2009 that provide services
to older adults across the United States. This year the MLI also collaborated with the M	Museum of Modern Art (MoMA)
through their tour program for people with Alzheimer's "Meet Me at MoMA." MoMA and	d StoryCorps designed an
onsite recording event and collected interviews with "Meet Me at MoMA" participants.	StoryCorps also presented the
All Let the Notional Center for Creative Aging's "Mott ife Equadation Creativity Matters	. Hanish Wallmann and the Arta
MLI at the National Center for Creative Aging's "MetLife Foundation Creativity Matters	: nearth, wellness, and the Arts
Symposium" and the National Association of Social Workers - West Virginia Chapter's	Annual Conference.
StoryCorps Alaska, which operated from October 2008 through April 2009, sought to	ensure that the rich heritage
of Alaskans be preserved and presented with dignity. StoryCorps Alaska collected Do	or-to-Door interviews in Fairbanks
Name Barrana Billiambara Handada and Junana The Initiative continued with the Ale	ala Bublia Badia Naturah dha
Nome, Barrow, Dillingham, Unalaska, and Juneau. The Initiative partnered with the Ala	iska Public Hadio Network, the
University of Alaska, Fairbanks, other historical and cultural institutions, and member	ship organizations to record and
distribute the stories of Alaskans, with a focus on Alaska's Native populations.	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number StoryCorps, Inc. Employer identification number 3753011

• StoryCorps Historias was launched on September 24, 2009 in front of the Capitol Building in Washington, DC.
Many high profile Latino and Hispanic Members of Congress and other leaders, including Pat Harrison, President of
the Corporation for Public Broadcasting and Representative Lucille Roybal-Allard, attended the launch. StoryCorps'
newest initiative is designed to collect the stories of Latinos/as across the country. In its first year, Historias will
collect 700 stories in the United States and Puerto Rico. StoryCorps will partner with the Latino Public Radio
Consortium and Latino USA, among others, during the first year of the program.
StoryCorps' Growth and Capacity
Since the first full year of StoryCorps' operations in 2004, the number of annual interviews has increased from 1,500 to
more than 6,000.
In 2009, StoryCorps finalized a significant restructuring and strategic planning process with the goals of strengthening
StoryCorps' organizational infrastructure and ensuring long-term sustainability. These investments in technical capacity
include the expansion of the Development Department.
The Individual Giving sector successfully completed its first targeted fundraising appeal among StoryCorps alumni.
StoryCorps also consolidated its Business Development Department, which provides opportunities to partner
organizations to engage StoryCorps for a fee, thus strengthening income-generated revenue streams that would further
contribute to the long-term sustainability of the organization.
In 2009, StoryCorps worked to plan and implement a digital archive project that will increase public access to content
and allow for more effective tracking, storage, and access to participant information and interviews.

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection Department of the Treasury Internal Revenue Service Name of the organization Employer identification number StoryCorps, Inc. 13 3753011 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I

	the organization answered "Yes"	to Form 990, Part IV, line 6.	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subjections		
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private by	for the benefit of the donor or donor adv	isor, or for any other
Pa	purpose conferring impermissible private b rt II Conservation Easements. Comp	lete if the organization answered "Yes	" to Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held		
•	Preservation of land for public use (e.g.		ion of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	tion of a certified historic structure
	☐ Preservation of open space		inor of a continua filotorio citadiaro
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contrib	ution in the form of a conservation
	easement on the last day of the tax year.	4	
			Held at the End of the Tax Year
а	Total number of conservation easements.		2a
b	Total acreage restricted by conservation ea		1 - 1
C	Number of conservation easements on a ce	ertified historic structure included in (a) .	2c
ď	Number of conservation easements include	ed in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified the tax year ▶	ed, transferred, released, extinguished, or	terminated by the organization during
4	Number of states where property subject to	conservation easement is located >	
5	Does the organization have a written policy violations, and enforcement of the conserva-	regarding the periodic monitoring, inspe	
6	Staff and volunteer hours devoted to monit		
7	Amount of expenses incurred in monitoring > \$, inspecting, and enforcing conservation	easements during the year
8	Does each conservation easement reported 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization i	reports conservation easements in its rev	venue and expense statement, and
	balance sheet, and include, if applicable, the organization's accounting for conservat	ion easements.	is infancial statements that describes
Pai	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted und art, historical treasures, or other similar asse provide, in Part XIV, the text of the footnote	ts held for public exhibition, education, or	research in furtherance of public service.
b	If the organization elected, as permitted unchistorical treasures, or other similar assets in provide the following amounts relating to the	held for public exhibition, education, or r	atement and balance sheet works of art, esearch in furtherance of public service,
	(i) Revenues included in Form 990, Part VI(ii) Assets included in Form 990, Part X		
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simil	
а	Revenues included in Form 990, Part VIII, II	ne 1	. ▶ \$

b Assets included in Form 990, Part X .

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_	dule D (Form 990) 2009					Page_2
Pa	t III Organizations Maintain	ing Collections	of Art, Histori	cal Treasures, or (Other Similar As	sets (continued)
3	Using the organization's acquisition collection items (check all that appl	, accession, and o	other records, c	heck any of the follo	wing that are a sig	inificant use of its
a b c	Public exhibition Scholarly research Preservation for future genera Provide a description of the organiz		d	Loan or exchange of Other		
5	Part XIV. During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as part of	the organization's col	lection?	Yes No
Pa	Escrow and Custodial A IV, line 9, or reported an				ered "Yes" to Fori	n 990, Part
	Is the organization an agent, trusted included on Form 990, Part X? If "Yes," explain the arrangement in				r other assets not	Yes No
~	100, Oxplain the artangement in	rant sar and con		viilig table.	Am	ount
С	Beginning balance			10	;	
	Additions during the year			<u>1</u> 0	1	
е	Distributions during the year				3	
f	Ending balance					
b	Did the organization include an ame If "Yes," explain the arrangement in	Part XIV.				∐ Yes ∐ No
Pai	t V Endowment Funds. Co	mplete if the org	ganization ans	wered "Yes" to Fo		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance		ļ		全国的	
b	Contributions			1. 图 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACT - CAREER	A STATE OF THE PARTY OF
С	Net investment earnings, gains, and losses	·				
d	Grants or scholarships				是一种的一种	
е	Other expenditures for facilities and programs					
	Administrative expenses End of year balance	· · · · · · · · · · · · · · · · · · ·				
2 a	Provide the estimated percentage of Board designated or quasi-endowm					
b	Permanent endowment ▶					

а	Board designated or quasi-endowment ▶%
b	Permanent endowment ▶ %
С	Term endowment ▶ %
3a	Are there endowment funds not in the possession of the organization that are held and administered for torganization by:

		Yes	No
	3a(i)		
	3a(ii)		
i	3b		

(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
Describe in Part XIV the intended uses of the organization's endowment funds.

(i) unrelated organizations . .

Part \	Investments—La	and, Buildin	gs, and Equipment	. See Form 990, I	Part X, line 10.	
	Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a La	ind				CARROLL STATES	
b Bu	uildıngs					
c Le	easehold improvements .					
	quipment		1			
e Ot	her			1,823,287	1,478,011	345,276
Total. A	dd lines 1a through 1e. (Col	umn (d) must	equal Form 990, Part X,	column (B), line 10(3).) ▶	345,276

2. FIN 48 Footnote. 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.

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

Sche	dule D (Form 990) 2009					Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Au	dited Fina	ncial St	atemer	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1	5,552,343
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	5,425,870
3	Excess or (deficit) for the year. Subtract line 2 from line 1			L	3	126,473
4	Net unrealized gains (losses) on investments				4	
5	Donated services and use of facilities			L	5	
6	Investment expenses			L	6	,
7	Prior period adjustments				7	
8	Other (Describe in Part XIV.)			L	8	
9	Total adjustments (net). Add lines 4 through 8				9	
10	Excess or (deficit) for the year per audited financial statements. Combi	ine line	s 3 and 9		10	126,473
Pa	t XII Reconciliation of Revenue per Audited Financial Sta			evenue	per R	
1	Total revenue, gains, and other support per audited financial statemen	ts			547.1	6.015.795
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۔ ما			Ha.P	
a	Net unrealized gains on investments	2a		400 450		
b	Donated services and use of facilities	2b		463,452		
_	Recoveries of prior year grants	2c 2d				
d	Other (Describe in Part XIV.)	ــــــــــــــــــــــــــــــــــــــ	··			ACO AEO
_	Add lines 2a through 2d				2e	463,452
3	Subtract line 2e from line 1				3	5,552,343
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 40 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b				
b	Other (Describe in Part XIV.)				4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				5	
	t XIII Reconciliation of Expenses per Audited Financial Sta					5,552,343 Return
1				<u> </u>	11	5,889,322
	Total expenses and losses per audited financial statements				Secretary	
_	Amounts included on line 1 but not on Form 990. Part IV line 25:				SHOP TO SEE	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		463.452		
2 a	Donated services and use of facilities	2a 2b	<u> </u>	463,452		
2 a b	Donated services and use of facilities	2b		463,452		
2 a b c	Donated services and use of facilities	2b 2c		463,452		
2 a b c d	Donated services and use of facilities	2b 2c 2d		463,452	2e	463,452
a b c d	Donated services and use of facilities	2b 2c 2d		463,452		463.452 5,425,870
2 a b c d	Donated services and use of facilities	2b 2c 2d		463,452	2e	
2 a b c d e 3	Donated services and use of facilities	2b 2c 2d		463,452	2e	
2 a b c d e 3	Donated services and use of facilities	2b 2c 2d		463,452	2e	
2 a b c d e 3 4 a b	Donated services and use of facilities	2b 2c 2d 2d 4a 4b		463,452	2e 3	
2 a b c d e 3 4 a b	Donated services and use of facilities	2b 2c 2d 2d 4a 4b		463,452	2e 3	5,425,870 0
2 a b c d e 3 4 a b c 5	Donated services and use of facilities	2b 2c 2d 2d 4a 4b		463.452	2e 3 4c	5,425,870
2 b c d e 3 4 a b c 5 Par	Donated services and use of facilities	2b 2c 2d 4a 4b	 B.)		2e 3 4c 5	5,425,870 0 5,425,870
2 a b c d e 3 4 a b c 5 Par	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, t XIV Supplemental Information	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, txiv Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5,	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b
2 a b c d e 3 4 a b c 5 Par Com	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, tXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	2b 2c 2d 4a 4b line 15 and 9;	9.)		2e 3 4c 5	5,425,870 0 5,425,870 t IV, lines 1b

Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		• • • • • • • • • • • • • • • • • • • •

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Statement A StoryCorps, Inc. EIN # 13-3753011 FYE: 12/31/09

Form 990, Part I, Line 19

Revenues as reported in the Form 990 are reduced by the decrease in temporarily restricted net assets. The results of the organization's operating activities as reported in its financial statements are summarized as follows:

	<u>2008</u>	<u> 2009</u>
Total Unrestricted Revenue and Other Support	5,699,358	6,127,576
Total Expenses	5,588,555	5,889,322
Increase in Unrestricted Net Assets	110,803	238,254
(Decrease) in Temporarily Restricted Net Assets	(1,367,309)	(111,781)
(Decrease) in Net Assets	(1,256,506)	126,473

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Attachment 67

Interna	Revenue Service (99)	P 30	ee separate instruction	·	Attach to your	ax retain.	26	quence No 07
Name	(s) shown on return		Busines	s or activity to wr	nich this form relates		Identif	fying number
Sto	ryCorps, Inc		Form	990 Page 10				13-3753011
Pa			ertain Property Ur					
	Note: If you	u have any li	sted property, comp	olete Part V l	before you com	olete Part I.		
1	Maximum amount. S	ee the instruct	tions for a higher limit	for certain bus	sinesses		1	\$250,000
2	Total cost of section	n 179 property	placed in service (se	e instructions)		2	
3	Threshold cost of se	ection 179 pro	perty before reduction	n in limitation	(see instructions)		3	\$800,000
4	Reduction in limitati	on. Subtract li	ine 3 from line 2. If zer	ro or less, ent	er -0		4	
5			btract line 4 from lir					
	separately, see instr	ructions .		· · · · ·			5	
6		Description of pro			ness use only)	(c) Elected cost		
			·					
7	Listed property. Ent	er the amount	from line 29		7			
			property. Add amount				8	
9			naller of line 5 or line				9	
10	Carryover of disallov	wed deduction	n from line 13 of your	2008 Form 45	562		10	
11			naller of business income				11	
12			Add lines 9 and 10, bu	•			12	
	•		n to 2010. Add lines 9					
			w for listed property.					
			lowance and Other			le listed property.)	(See	instructions.)
14			for qualified property				ÌП	
• •	during the tax year					· ·	14	
15		•	(1) election				15	
	Other depreciation (-01				16	275,802
			(Do not include lis			ons.)	1	
				Section A	, (
17	MACRS deductions	for assets pla	ced in service in tax		na before 2009 .		17	
			assets placed in serv					- 7
	asset accounts, che			_	*			
	Section B		ced in Service Durin) Syst	em
		(b) Month and year	(c) Basis for depreciation	(d) Recovery			T	
(a) (Classification of property	placed in service	(business/investment use only—see instructions)	period	(e) Convention	(f) Method	(9) D	epreciation deduction
192	3-year property	00/1/100	only communication,	 				
				1			┼	
	5 - vear property						 	
	5-year property 7-year property							
	7-year property							
	7-year property 10-year property	_						
C	7-year property 10-year property 15-year property							
e f	7-year property 10-year property 15-year property 20-year property	_		25 yrs.		S/I.		
	7-year property 10-year property 15-year property 20-year property 25-year property	_		25 yrs.	MM	5/L 5/I		
	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental			27.5 yrs.	MM	S/L		
e f	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property			27.5 yrs. 27.5 yrs.	ММ	5/L 5/L		
e f	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real			27.5 yrs.	MM MM	5/L 5/L 5/L		
e f	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	- Assets Place	ed in Service During	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	9/L 9/L 9/L 9/L	on Sys	stem
f f	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-	-Assets Place	ed in Service During	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	9/L 9/L 9/L 9/L rnative Depreciati	on Sys	stem
f f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-	-Assets Place	ed in Service During	27.5 yrs. 27.5 yrs. 39 yrs. 2009 Tax Ye	MM MM MM	9/L 9/L 9/L 9/L rnative Depreciati 9/L	on Sys	stem .
f f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C- Class life	-Assets Place	ed in Service During	27.5 yrs. 27.5 yrs. 39 yrs. 2009 Tax Ye	MM MM MM ar Using the Alte	9/L 9/L 9/L 9/L rnative Depreciati 9/L 9/L	on Sys	stem
6 f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C- Class life 112-year			27.5 yrs. 27.5 yrs. 39 yrs. 2009 Tax Ye	MM MM MM	9/L 9/L 9/L 9/L rnative Depreciati 9/L	on Sys	stem
e ff SS h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C- Class life 12-year 40-year TIV Summary	(See instruc	tions.)	27.5 yrs. 27.5 yrs. 39 yrs. 2009 Tax Ye	MM MM MM ar Using the Alte	9/L 9/L 9/L 9/L rnative Depreciati 9/L 9/L		stem
20a	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C- Class life 12-year 40-year TIV Summary Listed property. Ent	(See instructer amount fro	tions.) m line 28	27.5 yrs. 27.5 yrs. 39 yrs. 2009 Tax Ye 12 yrs. 40 yrs.	MM MM AMM ar Using the Alte	9/L 9/L 9/L 9/L rnative Depreciati 9/L 9/L 9/L 9/L	on Sys	stem
e ff SS h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C- Class life 12-year 240-year Listed property. Entrotal. Add amounts	(See instructer amount frost from line 12,	tions.) m line 28 lines 14 through 17, lii	27.5 yrs. 27.5 yrs. 39 yrs. 2009 Tax Ye 12 yrs. 40 yrs.	MM MM ar Using the Alte	5/L 5/L 5/L 5/L 5/L rnative Depreciati 5/L 5/L 5/L 5/L 5/L 1 ine 21. Enter here	21	
20a l	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C- Class life 112-year 40-year TIV Summary Listed property. Entrotal. Add amounts and on the appropria	(See instructer amount from line 12, te lines of your	tions.) m line 28	27.5 yrs. 27.5 yrs. 39 yrs. 2009 Tax Ye. 12 yrs. 40 yrs. nes 19 and 20 and S corporation	MM MM ar Using the Alte MM in column (g), and ons—see instruction	5/L 5/L 5/L 5/L 5/L rnative Depreciati 5/L 5/L 5/L 5/L 5/L 1 ine 21. Enter here		stem 275,802

D:	20	۵	2

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UIIII 4302	1200
Part V	

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	24b, c	olumns (a) thro	ugh (c) of S	Section .	A, all of	Section	on B, ar	nd Secti	ion C if	applic	able.			•		
	Section A-	-Depreciation	and Other	Inform	nation (Cautic	n: See	the ins	tructio	ns for	lımits foi	passe	enger aut	omot	oiles.)	
24	a Do you have evid	dence to support t	he business/	investme	nt use cla	imed?	□ Y	es 🗌 No	24	b If "Y	es," is the	eviden	ce written	? [Yes	□ No
Туј	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or	(d) other bas			preciatio nvestmen	Rec	(f) covery riod	(g) Metho Conver	od/	(h) Deprecia deduct		Elected	(i) d section 9 cost
25	Special depre	ciation allowar	ce for qua	lified lis	ted prop	erty p	laced i	n servic	e durin	g the						
		used more that					e (see i	nstructi	ons) .		·	25				
<u> 26</u>	Property used	more than 50	_		siness u	ıse:										
			96													
			% %				·		+				· · · · ·		 -	
27	Property used	l 150% or less ir			200 11001							i		-	L	
	Froperty used	1 30 % Or less if	%		:55 use.	$\neg r$			\neg		6/L –					
			%			_			_		5/L –					
	··········		%						+		6/L –					
28	Add amounts	in column (h).	<u> </u>		7. Enter	here a	nd on l	ine 21.	page 1			28				
	Add amounts													29		
					B-Inf											
	plete this section our employees, fi		sed by a sol	e proprie	etor, par	ner, o	r other "	more th	an 5% (owner,						rehicles
30	Total business during the your commuting mile	(a Vehic		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		v	(e) ehicle 5			(f) Vehicle 6		
24	_							 		 	-	 		+		
	Total commuting Total other p miles driven .		mmuting)				<u>_</u>		<u> </u>					-		
33	Total miles dri	ven during the	year. Add									l				
34	Was the vehicuse during off-	ele available for duty hours? .	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	-	/es	No
35		cle used prima owner or related														
36	Is another vehicuse?		personal													
	wer these ques		nne if you r	neet an	excepti									ees w	ho ar	e not
	e than 5% own													т.		T 88 -
37	your employe	ain a written po es?													/es	No
38		ain a written po see the instruction														
39 40	Do you provid	all use of vehicl le more than fi nicles, and reta	ve vehicles	to you	r emplo	/ees, d	obtain i	 nformat		-		 /ees al	 bout the	, -		
41	Do you meet t	the requiremen														
Рa		tization	, 55, 40, 01	7110 1	00, 001	.5. 001	inpiete (J 101 01	- COVE	isa verill	J103.				
	Ailloi	uzauon	T								1	(e)	-			
	(a) Description	of costs	Date am	b) ortization gins	A		(c) ble amou	nt		(d) section	p	nortization eriod or ercentage	Amo	ortizatio	(f) on for th	his year
42	Amortization o	f costs that beg	ins during y	our 200	9 tax ye	ar (see	instruc	tions)·								
	Amortization of		-	-		•						. 4	43			
44	Total Add ar	mounte in celiii	mn /8 Scc	the inch	runtions		hara ta						44			

2009 Depreciation and Amortization Report

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1990
ORM

Net Book Value	01 127	-	220'99	33,895	140,963	13,894	8,327	(0)	666	345,276		
Current	Sec 179											
Accumulated	Depreciation	390,434	283,704	178,768	167,834	990'09	22,098	146,583	28,524	1,478,011	-	
Basis for	Depreciation 671 561	100,170	349,781	212,663	308,797	73,960	30,425	146,583	29,517	1,823,287		
Reduction In	Basis											
Bus %	Excl											
Unadjusted	Cost or Basis 671 561	100'1 /0	349,781	212,663	308,797	73,960	30,425	146,583	29,517	1,823,287		
Line	2 <u>2</u>	2	16	16	16	16	16	91	16		 	-
Life	2 00	8	2 00	2 00	2 00	5.00	2 00	2 00	3 00			
Method	15	š	SI	SL	SL	SL	SL	SL	SL			
Date Acquired Method	Varies		Varies	Varies	Varies	Varies	Varies	Varies	Varies			
Description	Story Corps Booths		2 StoryCorps Mobile Booths	3 Production Equipment	4 Computers and Software	5 Furniture and fixtures	6 Telephone Equipment	7 Leasehold Improvements	8 Website Development	Total 990 Page 10		
Asset	2		2	М	4	2	9	7	<u></u>			