

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

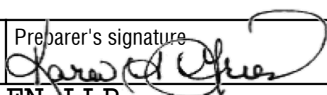
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>480 CEDAR STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PAUL, MN 55101</b> <b>F</b> Name and address of principal officer: <b>MORRIS GOODWIN, JR. SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>41-0953924</b> <b>E</b> Telephone number <b>(651) 290-1446</b> <b>G</b> Gross receipts \$ <b>134,261,290.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.MPR.ORG/WWW.AMERICANPUBLICMEDIA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1967</b>		<b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>NONCOMMERCIAL EDUCATIONAL PUBLIC RADIO BROADCASTING.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>41</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>40</b> <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) ..... <b>5</b> <b>686</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>496</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>2,449,402.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>328,821.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>85,659,496.</b> <b>Prior Year</b> <b>72,063,668.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>22,238,348.</b> <b>29,102,121.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>850,986.</b> <b>4,871,599.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>682,710.</b> <b>566,484.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>109,431,540.</b> <b>106,603,872.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>1,510,800.</b> <b>1,477,367.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>50,851,853.</b> <b>56,151,031.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>289,853.</b> <b>102,383.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>12,569,766.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>45,470,721.</b> <b>52,142,988.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>98,123,227.</b> <b>109,873,769.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>11,308,313.</b> <b>-3,269,897.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>160,321,365.</b> <b>Beginning of Current Year</b> <b>164,418,208.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>42,996,268.</b> <b>53,046,724.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>117,325,097.</b> <b>111,371,484.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>MORRIS GOODWIN, JR., SENIOR VP &amp; CFO</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KAREN GRIES</b>	Preparer's signature 
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Date <b>3/8/2019</b>
	Firm's address ▶ <b>220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00078514</b>
		Firm's EIN ▶ <b>41-0746749</b>
		Phone no. <b>612-376-4500</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF MINNESOTA PUBLIC RADIO (MPR) IS TO ENRICH THE MIND AND NOURISH THE SPIRIT, THEREBY ENHANCING THE LIVES AND EXPANDING THE PERSPECTIVES OF OUR AUDIENCES, AND ASSISTING THEM IN STRENGTHENING THEIR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 82,653,981. including grants of \$ 1,477,367. ) (Revenue \$ 26,754,290. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 82,653,981.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> 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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

MINNESOTA PUBLIC RADIO |  
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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> 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> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 679		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 686		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>CHINA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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 as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 41		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 40		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X
<b>16b</b>			X

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, FL, HI, KS, KY, LA, ME**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DOUG RODERICK - (651)290-1446**  
**480 CEDAR STREET, ST. PAUL, MN 55101**

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID MURPHY TRUSTEE/CHAIR	1.00 1.00	X		X				0.	0.	0.
(2) MARY BRAINERD TRUSTEE/VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(3) EMERY KOENIG TRUSTEE/TREASURER	1.00 1.00	X		X				0.	0.	0.
(4) LIWANAG OJALA TRUSTEE/SECRETARY	1.00 1.00	X		X				0.	0.	0.
(5) BRADBURY H. ANDERSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(6) WENDY BENNETT TRUSTEE	1.00 0.00	X						0.	0.	0.
(7) LARRY BERGER TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) SUSAN BOREN TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) PAULA CARLSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) JULIE CAUSEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) PATRICK J. DENZER TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) JIM DWYER TRUSTEE	1.00 1.00	X						0.	0.	0.
(13) IVAN FONG TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) IAN R. FRIENDLY TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) SIMA GRIFFITH TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) ELIZABETH HLAVKA TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) RANDALL J. HOGAN TRUSTEE	1.00 0.00	X						0.	0.	0.

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) OMAR ISHRAK TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) RICK KING TRUSTEE	1.00 1.00	X						0.	0.	0.
(20) KARIN L. LARSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) JONATHAN LOW TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) NANCY LYONS TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) KATE MORTENSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) DR. MARY NICHOLS TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) WILLIAM PEARCE TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) BRYAN PHILLIPS TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,792,848.	2,609,029.	642,736.
<b>d Total (add lines 1b and 1c)</b>								3,792,848.	2,609,029.	642,736.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **101**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LOEB & LOEB LLC, 10100 SANTA MONICA BLVD, #2200, LOS ANGELES, CA 90067	LEGAL SERVICES	1,055,165.
STREAMGUYS, INC. P.O. BOX 828, ARCATA, CA 95518	WEB SERVICE	467,026.
CLOCKWORK ACTIVE MEDIA SYSTEMS 1501 HENNEPIN AVE, MINNEAPOLIS, MN 55414	DESIGN AND TECH CONSULTING	306,806.
SALESFORCE.COM INC, THE LANDMARK @ ONE MARKET SUITE 300, SAN FRANCISCO, CA 94105	IT CONSULTING	295,885.
ROBERT HALF INTERNATIONAL PO BOX 743295, LOS ANGELES, CA 90074	TEMP STAFFING	201,991.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ADDISON (TAD) PIPER TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) JULIAN POON TRUSTEE	1.00 2.00	X						0.	0.	0.
(29) NI-AYITE QUAYE TRUSTEE	1.00 1.00	X						0.	0.	0.
(30) KATE QUINN TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) STEVEN ROTHSCHILD TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) MARIANNE SHORT TRUSTEE	1.00 1.00	X						0.	0.	0.
(33) PATRICIA SIMMONS, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) JEAN TAYLOR TRUSTEE	1.00 1.00	X						0.	0.	0.
(35) JOANNE VON BLON TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) RODNEY YOUNG TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) JON MCTAGGART PRESIDENT & CEO, APMG	33.00 15.00			X				0.	690,020.	41,856.
(38) TIMOTHY ROESLER SVP - BUSINESS DEVELOPMENT	47.00 1.00			X				399,874.	0.	42,907.
(39) METTE MCLOUGHLIN SVP - HUMAN RESOURCES, APMG (FORMER)	33.00 15.00			X				0.	262,163.	40,516.
(40) CARMEN JOHNSON SVP & CHIEF MARKETING OFFICER	45.00 3.00			X				63,018.	0.	20,590.
(41) DEBORAH CLARK SVP & GEN MANAGER, MKTPL	40.00 0.00			X				320,190.	0.	42,181.
(42) RANDI YODER SVP DEVELOPMENT	42.00 3.00			X				341,598.	0.	29,710.
(43) MORRIS GOODWIN, JR. SVP/CFO, APMG	32.00 16.00			X				0.	361,383.	16,671.
(44) DAVID KANSAS SVP/COO, APMG	33.00 16.00			X				0.	557,793.	45,516.
(45) MICHAEL LEWIS SVP/GENERAL COUNSEL OFFICER, APMG	34.00 14.00			X				0.	0.	0.
(46) SYLVIA STROBEL SVP/GENERAL COUNSEL OFFICER, APMG	16.00 8.00			X				0.	415,381.	38,096.
Total to Part VII, Section A, line 1c .....										



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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b> 15,773,477.					
	<b>c</b> Fundraising events	<b>1c</b> 323,295.					
	<b>d</b> Related organizations	<b>1d</b> 8,805,412.					
	<b>e</b> Government grants (contributions)	<b>1e</b> 4,665,680.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 42,495,804.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,125,441.					
	<b>h Total.</b> Add lines 1a-1f	72,063,668.					
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICE REVENUE	<b>Business Code</b> 515100	22,104,165.	22,104,165.		
<b>b</b> OTHER EARNED REVENUE		515100	4,571,533.	4,571,533.			
<b>c</b> ADVERTISING		541800	2,426,423.		2,426,423.		
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			29,102,121.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,753,076.		1,753,076.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		852,493.		852,493.		
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal		39,565.			
		<b>b</b> Less: rental expenses		280,040.			
		<b>c</b> Rental income or (loss)		-240,475.			
	<b>d</b> Net rental income or (loss)		-240,475.		11,877.	-252,352.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities		15,202,546.			
		(ii) Other		15,114,214.			
		<b>b</b> Less: cost or other basis and sales expenses		15,235,546.	11,962,691.		
		<b>c</b> Gain or (loss)		-33,000.	3,151,523.		
	<b>d</b> Net gain or (loss)		3,118,523.			3,118,523.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 323,295. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		15,930.			
		<b>b</b> Less: direct expenses		151,158.			
<b>c</b> Net income or (loss) from fundraising events			-135,228.			-135,228.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>		117,677.				
	<b>b</b> Less: cost of goods sold		27,983.				
	<b>c</b> Net income or (loss) from sales of inventory		89,694.	78,592.	11,102.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		106,603,872.	26,754,290.	2,449,402.	5,336,512.		

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,477,367.	1,477,367.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,151,140.	1,598,844.	727,010.	825,286.
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	43,787,298.	36,085,887.	1,672,156.	6,029,255.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,319,514.	1,934,051.	58,656.	326,807.
9 Other employee benefits	3,480,399.	2,941,728.	75,191.	463,480.
10 Payroll taxes	3,412,680.	2,827,461.	115,068.	470,151.
11 Fees for services (non-employees):				
a Management				
b Legal	1,227,675.	25,135.	1,202,540.	
c Accounting	1,856,698.	11,204.	1,845,494.	
d Lobbying	139,238.		139,238.	
e Professional fundraising services. See Part IV, line 17	102,383.			102,383.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	7,078,636.	5,726,341.	83,486.	1,268,809.
13 Office expenses	1,462,216.	754,956.	314,096.	393,164.
14 Information technology				
15 Royalties				
16 Occupancy	7,343,874.	6,019,926.	1,323,623.	325.
17 Travel	1,050,943.	782,819.	85,353.	182,771.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	159,249.	105,935.	19,402.	33,912.
20 Interest	615,738.	520,678.	10,646.	84,414.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,891,447.	3,398,874.	109,461.	383,112.
23 Insurance	380,912.	6,894.	368,279.	5,739.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAMMING / PRODUCTION</b>	18,856,417.	17,785,895.	507,893.	562,629.
b <b>FINANCE / ADMINISTRATION</b>	6,439,224.	613,203.	5,803,094.	22,927.
c <b>BANK &amp; CREDIT CARD FEES</b>	787,303.	7,666.	41,131.	738,506.
d <b>PRINTING</b>	751,319.	29,117.	46,328.	675,874.
e All other expenses	102,099.		101,877.	222.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	109,873,769.	82,653,981.	14,650,022.	12,569,766.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	3,251,598.	<b>1</b>	3,560,964.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	10,615,661.	<b>3</b>	8,901,978.
	<b>4</b> Accounts receivable, net .....	18,451,960.	<b>4</b>	11,614,422.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	22,332,380.	<b>7</b>	21,619,589.
	<b>8</b> Inventories for sale or use .....	147,646.	<b>8</b>	58,734.
	<b>9</b> Prepaid expenses and deferred charges .....	1,552,291.	<b>9</b>	1,242,210.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 84,047,682.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 45,992,251.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	45,018,090.	<b>12</b>	60,525,365.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	19,007,961.	<b>14</b>	18,695,920.
	<b>15</b> Other assets. See Part IV, line 11 .....	271,030.	<b>15</b>	143,595.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	160,321,365.	<b>16</b>	164,418,208.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	7,517,842.	<b>17</b>	8,867,876.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	17,187,098.	<b>19</b>	27,837,274.
	<b>20</b> Tax-exempt bond liabilities .....	18,123,570.	<b>20</b>	16,160,517.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	167,758.	<b>25</b>	181,057.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	42,996,268.	<b>26</b>	53,046,724.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	71,803,619.	<b>27</b>	64,129,954.
	<b>28</b> Temporarily restricted net assets .....	32,205,268.	<b>28</b>	33,784,738.
	<b>29</b> Permanently restricted net assets .....	13,316,210.	<b>29</b>	13,456,792.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	117,325,097.	<b>33</b>	111,371,484.
<b>34</b> Total liabilities and net assets/fund balances .....	160,321,365.	<b>34</b>	164,418,208.	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,603,872.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,873,769.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,269,897.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,325,097.
5	Net unrealized gains (losses) on investments	5	-965,000.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,718,716.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	111,371,484.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2017)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	60,566,766.	67,889,755.	67,479,345.	85,659,496.	72,079,598.	353,674,960.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	60,566,766.	67,889,755.	67,479,345.	85,659,496.	72,079,598.	353,674,960.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						353,674,960.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	60,566,766.	67,889,755.	67,479,345.	85,659,496.	72,079,598.	353,674,960.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2,274,221.	2,198,283.	2,229,205.	4,816,639.	2,605,569.	14,123,917.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	121,709.	251,769.	66,356.	1,947,905.	2,715,786.	5,103,525.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						372,902,402.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	126,568,506.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.84 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	92.35 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2016.** 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 .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

MINNESOTA PUBLIC RADIO |  
AMERICAN PUBLIC MEDIA

Employer identification number

41-0953924

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>MINNESOTA PUBLIC RADIO                    AMERICAN PUBLIC MEDIA</b>	Employer identification number <b>41-0953924</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>5,397,838.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MINNESOTA PUBLIC RADIO                    AMERICAN PUBLIC MEDIA</b>	Employer identification number <b>41-0953924</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA</b>	Employer identification number <b>41-0953924</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA</b>	Employer identification number <b>41-0953924</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ 0.
- 3 Volunteer hours for political campaign activities ..... 0.

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	139,238.	168,317.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	139,238.	168,317.												
<b>d</b>	Other exempt purpose expenditures	97,164,481.	115,354,755.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	97,303,719.	115,523,072.												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	203,434.	222,741.	202,689.	168,317.	797,181.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, AFFILIATED GROUP RETURN STATEMENT:**

MINNESOTA PUBLIC RADIO INCURRED LOBBYING EXPENSES OF \$139,238 FOR THE FISCAL YEAR 2018 (TAX YEAR 2017) TO ADDRESS REGIONAL AND NATIONAL ISSUES AFFECTING THE ORGANIZATION AND PUBLIC BROADCASTING. THE ORGANIZATION PROMOTED LEGISLATION AFFECTING FUNDING FOR PUBLIC BROADCASTING, BOTH AT THE STATE LEVEL AND AT THE NATIONAL LEVEL.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization** **MINNESOTA PUBLIC RADIO**  
**AMERICAN PUBLIC MEDIA** | **Employer identification number**  
**41-0953924**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,806,626.	26,583,127.	27,255,887.	27,106,019.	23,172,874.
b Contributions	3,074,062.	236,348.	50,000.	285,300.	609,670.
c Net investment earnings, gains, and losses	1,743,277.	3,263,761.	460,532.	996,635.	4,281,847.
d Grants or scholarships	1,261,888.	1,198,805.	1,118,875.	1,054,796.	958,372.
e Other expenditures for facilities and programs					
f Administrative expenses	85,935.	77,805.	64,417.	77,271.	
g End of year balance	32,276,142.	28,806,626.	26,583,127.	27,255,887.	27,106,019.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  14.66 %
- b Permanent endowment  41.71 %
- c Temporarily restricted endowment  43.63 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,534,002.		8,534,002.
b Buildings		40,551,453.	18,277,052.	22,274,401.
c Leasehold improvements		2,721,871.	2,269,093.	452,778.
d Equipment		31,721,332.	25,446,106.	6,275,226.
e Other		519,024.		519,024.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,055,431.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) RESTRICTED INVESTMENTS	16,446,769.	END-OF-YEAR MARKET VALUE
(B) RESTRICTED INVESTMENTS		
(C) HELD BY ENDOWMENT FUNDS	31,639,304.	END-OF-YEAR MARKET VALUE
(D) RESTRICTED INVESTMENTS IN		
(E) INVESTMENT POOL	12,439,292.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>60,525,365.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LONG TERM OBLIGATIONS	181,057.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>181,057.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

MPR'S ENDOWMENT FUNDS PROVIDE A LONG TERM FUNDING SOURCE THAT SUPPORTS  
 MPR'S PROGRAMS INCLUDING: NEWS AND INFORMATION, ALTERNATIVE MUSIC,  
 CLASSICAL MUSIC, AND NATIONAL PROGRAMS.

**PART X, LINE 2:**

MPR IS ORGANIZED UNDER CHAPTER 317 OF MINNESOTA STATUTES AS NONPROFIT  
 ORGANIZATIONS. THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED THAT MPR  
 IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL  
 REVENUE CODE (THE CODE) AND IS NOT A PRIVATE FOUNDATION, AS IT QUALIFIES  
 UNDER SECTION 509(A)(1) AS AN ORGANIZATION DEFINED UNDER SECTION  
 170(B)(1)(A)(VI) OF THE CODE. THE MINNESOTA DEPARTMENT OF REVENUE HAS

**Part XIII** Supplemental Information (continued)

DETERMINED THAT MPR IS EXEMPT FROM MINNESOTA INCOME TAXES UNDER SECTION 290.05 SUBDIVISION 9 OF MINNESOTA STATUTES.

THE ORGANIZATION IS ENGAGED IN CERTAIN ACTIVITIES THAT RESULT IN UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED JUNE 30, 2018, MPR RECORDED AN ESTIMATED TAX EXPENSE INCLUDED IN ADMINISTRATIVE EXPENSES THAT AMOUNTED TO \$105,000.

THE ORGANIZATION HAS ADOPTED CERTAIN PROVISIONS OF ASC TOPIC 740, INCOME TAXES. THE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization  
**MINNESOTA PUBLIC RADIO |  
AMERICAN PUBLIC MEDIA**

Employer identification number  
**41-0953924**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	1	PROGRAM SERVICES	NEWS GATHERING	218,424.
<b>3 a</b> Sub-total .....	1	1			218,424.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	1			218,424.

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

Schedule F (Form 990) 2017





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 3:**

THE FINANCIAL STATEMENTS OF MINNESOTA PUBLIC RADIO ARE PREPARED ON THE ACCRUAL BASIS OF ACCOUNTING. ALL AMOUNTS LISTED IN PART I, LINE 3, COLUMN (F) WERE FOR EXPENDITURES ASSOCIATED WITH THIS REGION.

Multiple horizontal lines for supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **MINNESOTA PUBLIC RADIO | AMERICAN PUBLIC MEDIA** Employer identification number **41-0953924**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ACD DIRECT INC - 1353 NORTH 1075 WEST SUITE 6, ARIA COMMUNICATIONS CORPORATION - 717 WEST	TELEMARKETING		X	383,468.	47,134.	336,334.
	TELEMARKETING		X	82,235.	55,249.	26,986.
<b>Total</b>				465,703.	102,383.	363,320.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, FL, HI, KS, KY, LA, ME, MD, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, GA, IL, MA



MINNESOTA PUBLIC RADIO

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		50TH ANNIVERSARY		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	339,225.		339,225.
	2	Less: Contributions	323,295.		323,295.
	3	Gross income (line 1 minus line 2)	15,930.		15,930.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	17,000.		17,000.
	7	Food and beverages	57,178.		57,178.
	8	Entertainment	28,202.		28,202.
	9	Other direct expenses	48,778.		48,778.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-135,228.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ACD DIRECT INC

(I) ADDRESS OF FUNDRAISER:

1353 NORTH 1075 WEST SUITE 6, FARMINGTON, UT 84025

(I) NAME OF FUNDRAISER: ARIA COMMUNICATIONS CORPORATION

(I) ADDRESS OF FUNDRAISER: 717 WEST GERMAIN STREET, ST. CLOUD, MN 56301

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA** Employer identification number **41-0953924**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN PUBLIC MEDIA GROUP 480 CEDAR STREET ST. PAUL, MN 55101	36-3503764	501(C)(3)	1,477,367.	0.	N/A	N/A	TO SUPPORT PROGRAM SERVICES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2017)

MINNESOTA PUBLIC RADIO  
 AMERICAN PUBLIC MEDIA

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FINANCIAL REPORTS ARE REVIEWED BY MINNESOTA PUBLIC RADIO ON A PERIODIC BASIS TO ENSURE USE OF THE FUNDS ARE IN LINE WITH THE GRANT PURPOSE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA**

Employer identification number  
**41-0953924**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA

Schedule J (Form 990) 2017

41-0953924

Page 2

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JON MCTAGGART PRESIDENT & CEO, APMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	449,023.	193,427.	47,570.	17,550.	24,306.	731,876.	0.
(2) TIMOTHY ROESLER SVP - BUSINESS DEVELOPMENT	(i)	273,964.	112,633.	13,277.	17,550.	25,357.	442,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) METTE MCLOUGHLIN SVP - HUMAN RESOURCES, APMG (FORMER)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	209,261.	51,166.	1,736.	17,550.	22,966.	302,679.	0.
(4) DEBORAH CLARK SVP & GEN MANAGER, MKTPL	(i)	249,496.	68,511.	2,183.	17,550.	24,631.	362,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RANDI YODER SVP DEVELOPMENT	(i)	257,420.	77,998.	6,180.	17,550.	12,160.	371,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MORRIS GOODWIN, JR. SVP/CFO, APMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	274,091.	81,958.	5,334.	0.	16,671.	378,054.	0.
(7) DAVID KANSAS SVP/COO, APMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	378,768.	167,859.	11,166.	17,550.	27,966.	603,309.	0.
(8) SYLVIA STROBEL SVP/GENERAL COUNSEL OFFICER, APMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	216,763.	62,938.	135,680.	17,550.	20,546.	453,477.	0.
(9) NICHOLAS KEREAKOS SVP & GM REGIONAL - TECHNOLOGY & MUS	(i)	237,737.	46,112.	1,758.	17,550.	5,716.	308,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHAEL RESZLER SVP - INNOVATION & DIGITAL	(i)	235,088.	44,552.	1,582.	17,550.	12,997.	311,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DOUGLAS RODERICK VP & CORPORATE CONTROLLER, APMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	173,062.	32,462.	3,016.	14,265.	22,655.	245,460.	0.
(12) JENNIFER KOESTER INT HEAD OF INT'L & AFFILIATE PARTNE	(i)	175,853.	37,969.	1,645.	14,286.	14,410.	244,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARK CROWLEY CHIEF OPERATING OFFICER, MARKETPLACE	(i)	163,065.	0.	2,069.	11,099.	17,038.	193,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NANCY ISON EXECUTIVE DIRECTOR, NEWS & PROGRAMMI	(i)	201,333.	46,814.	2,700.	16,190.	2,111.	269,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KAI RYSSDAL HOST, MARKETPLACE	(i)	376,214.	0.	1,446.	17,550.	27,673.	422,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DAVID BRANCACCIO HOST. MMR	(i)	336,314.	0.	3,006.	12,004.	4,350.	355,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

MINNESOTA PUBLIC RADIO  
 AMERICAN PUBLIC MEDIA

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) LISA BITTMAN DIRECTOR, APM NATIONAL SALES	(i)	93,450.	26,000.	136,605.	15,472.	20,775.	292,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SAMUEL HUDSON MANAGER, BROADCAST PRODUCTION & OPS	(i)	214,169.	33,600.	2,830.	14,204.	9,310.	274,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MARK BUNDGAARD SR. NATIONAL ACCOUNT EXECUTIVE	(i)	41,381.	0.	204,876.	16,180.	11,455.	273,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

HEALTH OR SOCIAL CLUB DUES: THE ORGANIZATION REQUESTS THAT CERTAIN OF ITS OFFICERS BECOME MEMBERS OF SOCIAL CLUBS THAT PROVIDE THE ORGANIZATION REPRESENTATION IN THE COMMUNITY THAT CAN BE USED BY THE ORGANIZATION FOR BOARD COMMITTEE AND BOARD MEETINGS, AND PROVIDE THE PARTICIPATING EMPLOYEE WITH DEVELOPMENT AND FITNESS OPPORTUNITIES. THESE MEMBERSHIP DUES ARE PAID FOR BY THE ORGANIZATION. ANNUALLY, THE ORGANIZATION ASKS THAT THE EMPLOYEES WHO ARE MEMBERS OF SUCH CLUBS REPORT THE PERSONAL USE OF THE CLUB. THE ORGANIZATION THEN INCLUDES THE PERSONAL USE PORTION OF THE CLUB DUES AS TAXABLE INCOME TO THE EMPLOYEE. ALL PAYMENTS MADE BY THE ORGANIZATION FOR THE EMPLOYEE'S USE OF THE CLUB'S FITNESS FACILITIES ARE REPORTED AS INCOME TO THE EMPLOYEE.

**PART I, LINE 4A:**

SYLVIA STROBEL - SEVERANCE - \$133,875.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA** Employer identification number **41-0953924**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> HOUSING AND REDEVELOPMENT AUTHORITY	52-1440935	NONEAVAIL	12/01/14	15,510,000.	SEE PART V, SUPPLEMENTAL INFO		X		X		X
<b>B</b> HOUSING AND REDEVELOPMENT AUTHORITY	52-1440935	792893GC8	12/01/10	9,413,881.	SEE PART V, SUPPLEMENTAL INFO		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>									
	A		B		C		D		
<b>1</b> Amount of bonds retired	4,650,000.		3,615,000.						
<b>2</b> Amount of bonds legally defeased									
<b>3</b> Total proceeds of issue	15,510,000.		9,413,881.						
<b>4</b> Gross proceeds in reserve funds									
<b>5</b> Capitalized interest from proceeds									
<b>6</b> Proceeds in refunding escrows									
<b>7</b> Issuance costs from proceeds	180,000.		168,881.						
<b>8</b> Credit enhancement from proceeds									
<b>9</b> Working capital expenditures from proceeds									
<b>10</b> Capital expenditures from proceeds									
<b>11</b> Other spent proceeds	15,330,000.		9,245,000.						
<b>12</b> Other unspent proceeds									
<b>13</b> Year of substantial completion	2014		2011						
	Yes	No	Yes	No	Yes	No	Yes	No	
<b>14</b> Were the bonds issued as part of a current refunding issue?	X		X						
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X					
<b>16</b> Has the final allocation of proceeds been made?	X		X						
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		.00 %		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X			X				
<b>b</b> Exception to rebate? .....		X	X					
<b>c</b> No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								

MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

FORM 990, SCHEDULE K, PART I, LINE A, COLUMN F:

TO REFUND OUTSTANDING PRINCIPAL AMOUNT OF MPR SERIES 2002 AND SERIES 2005-07 BONDS. SERIES 2012 BONDS PROVIDED PARTIAL FUNDING FOR THE ACQUISITION, REMODELING, AND EQUIPPING OF MPR FACILITIES LOCATED AT 480 CEDAR STREET, ST. PAUL, MN. SERIES 2005-07 BONDS FINANCED THE PURCHASE OF TWO NONCOMMERCIAL EDUCATIONAL RADIO BROADCAST STATIONS, WCAL(FM), NORTHFIELD, MN AND KMSF(FM), ROCHESTER, MN.

FORM 990, SCHEDULE K, PART I, LINE B, COLUMN F:

TO REFUND THE OUTSTANDING PRINCIPAL AMOUNT OF MPR SERIES 2005 BONDS THAT PROVIDED PARTIAL FINANCING FOR THE ACQUISITION, REMODELLING AND EQUIPPING OF MPR'S BROADCAST CENTER LOCATED AT 480 CEDAR STREET, SAINT PAUL, MN.





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **MINNESOTA PUBLIC RADIO | AMERICAN PUBLIC MEDIA** Employer identification number **41-0953924**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	150	1,125,441.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE TOTAL NUMBER OF CONTRIBUTORS IS BEING REPORTED IN COLUMN (B).

SCHEDULE M, LINE 32B:

MPR CONTRACTS WITH A THIRD PARTY TO ADMINISTER AND OPERATE A VEHICLE DONATION PROGRAM. THIS THIRD PARTY ACTS AS MPR'S AUTHORIZED AGENT TO PERFORM SERVICES RELATED TO THE SOLICITATION, DISPOSITION AND REPORTING OF DONATED VEHICLES.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number 41-0953924
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**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

MINNESOTA PUBLIC RADIO CONTINUED TO DELIVER IMPORTANT NEWS, ARTS AND CULTURAL PROGRAMMING TO AUDIENCES EVERYWHERE IN THE REGION, THE US AND THE WORLD. MPR NEWS PROVIDED THE ENTIRE STATE WITH THE BEST REGIONAL RADIO NEWS AVAILABLE AND CREATED MORE WAYS TO REPORT NEWS FROM ALL OF MINNESOTA, FOR ALL OF MINNESOTA. MPR NEWS PROVIDED VITAL AND EXTENSIVE ELECTION YEAR COVERAGE IN 2018 AND SPONSORED CANDIDATE DEBATES FOR GOVERNOR, U.S. SENATE AND CONGRESSIONAL RACES THAT WERE BROADCAST ACROSS THE STATEWIDE RADIO NETWORK. THIS YEAR MPR NEWS WON SIX NATIONAL AWARDS: ONE THIRD COAST AWARD IN DOCUMENTARY CATEGORY FOR "74 SECONDS"; ONE PEABODY AWARD OF "74 SECONDS"; ONE NATIONAL RTDNA MURROW AWARD FOR "THE FATAL POLICE SHOOTING OF JUSTINE RUSZCZYK"; ONE LIVINGSTONE AWARD FOR "74 SECONDS" REPORTING TEAM OF FESHIR, MARTIN AND MUMFORD; ONE NATIONAL ASSOCIATION OF BLACK JOURNALISTS AWARD IN PHOTOGRAPHY FOR VALERIE CASTILE PHOTO; AND ONE NATIONAL SPJ ETHICS IN JOURNALISM AWARD FOR GARRISON KEILLOR COVERAGE. MPR NEWS ALSO RECEIVED 10 MBJA SEVAREID AWARDS, 10 REGIONAL AWARDS FOR EXCELLENCE FROM THE MN CHAPTER OF THE SOCIETY FOR PROFESSIONAL JOURNALISTS AND THREE REGIONAL RTDNA MURROW AWARD. THE CURRENT ELEVATES MINNESOTA'S MUSIC SCENE BY HELPING ASSIST ARTISTS BUILD AUDIENCES AND CONNECTING THEM TO A VIBRANT MUSIC COMMUNITY. THIS YEAR MARKED THE LAUNCH OF THE "PURPLE CURRENT" WEB STREAM, WHICH CURATES AND CELEBRATES THE FAMED "MINNEAPOLIS SOUND" AND ITS R&B ROOTS. THE CURRENT HOSTED THE TWO-DAY ROCK THE GARDEN CONCERT, THE ROCK THE CRADLE CELEBRATION THAT INTRODUCES CHILDREN TO MUSICAL INSTRUMENTS AND PERFORMANCE, AND ISSUES-FOCUSED POLICY AND A PINT DISCUSSIONS ENGAGED AUDIENCES OF THE CURRENT BEYOND MERE LISTENING.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization	MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA	Employer identification number	41-0953924
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THE CURRENT WAS NAMED NATIONAL NON-COMMERCIAL AAA STATION OF THE YEAR FOR THE 7TH CONSECUTIVE YEAR.

CLASSICAL MPR BROUGHT CLASSICAL MUSIC TO PEOPLE ACROSS THE STATE AS PART OF ITS "POP UP CLASSICAL" EVENTS, AND BROUGHT CHORAL MUSIC TO THOSE WITH LIMITED EXPOSURE TO IT THROUGH REGIONAL "BRING THE SING" EVENTS. CLASSICAL MPR HOSTED ITS ANNUAL MINNESOTA VARSITY PROGRAM TO SHOWCASE THE BEST HIGH SCHOOL CLASSICAL MUSICIANS AND COMPOSERS. ELEMENTARY STUDENTS ACROSS MINNESOTA PARTICIPATED IN CLASSICAL MPR MUSIC EDUCATION EVENTS AND INSPIRING LIVE PERFORMANCES.

OPERATING AS AMERICAN PUBLIC MEDIA (APM), MPR SUPPORTS ITS NATIONAL PROGRAM PORTFOLIO; CHRIS THILE, PERFORMANCE TODAY, MARKETPLACE AND THE SPLENDID TABLE, PRODUCING NEARLY 19,000 HOURS OF PROGRAMMING EACH YEAR. YOURCLASSICAL.ORG ENTERED ITS FOURTH YEAR AS A WEBSITE SHOWCASING CLASSICAL MUSIC PROGRAMS, UNIQUE PROGRAMS AND RELEVANT STORIES TO PROMOTE LOVE OF CLASSICAL MUSIC.

MPR IS WORKING TO MAXIMIZE OUR ESSENTIAL PUBLIC SERVICE TO MINNESOTA BY DEEPENING OUR RELATIONSHIPS IN AREAS WE ALREADY SERVE AND FINDING OPPORTUNITIES TO SERVE NEW REGIONS. KEY PRIORITIES ARE TO CONTINUE TO SERVE OUR AUDIENCES WITH INDISPENSABLE CONTENT AND TO ENSURE UNIVERSAL ACCESS TO OUR PROGRAMMING AND CONTENT. WE WILL CONTINUE TO INCREASE THE RELEVANCE AND IMPORTANCE OF MPR NEWS, STRENGTHEN THE CLASSICAL MPR SERVICE THROUGH EFFECTIVE USE OF OUTREACH, EVENTS, LIVE BROADCASTS AND CREATIVE PROGRAMMING, AND INCREASE THE STRENGTH OF THE CURRENT AS AN IMPORTANT MPR AUDIENCE SERVICE. MPR WILL STRENGTHEN THE IMPACT, REACH AND PERFORMANCE OF OUR NATIONAL PROGRAM PORTFOLIO, SUCH AS A CHRIS THILE, MARKETPLACE, AND THE SPLENDID TABLE, WHILE ENSURING THAT OUR PRODUCTION AND DISTRIBUTION ACTIVITIES REMAIN FINANCIALLY SUSTAINABLE.

MPR WILL CONTINUE TO GROW AND ENGAGE OUR AUDIENCES ON DIGITAL

Name of the organization	MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number	41-0953924
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PLATFORMS. WE WILL BUILD OUR CORPORATE STRENGTH BY INCREASING OUR ASSETS AND REVENUES, AND ASSIST IN STRENGTHENING THE NATIONAL PUBLIC MEDIA SYSTEM. WE LOOK TO BE A SOURCE OF INNOVATION AND PROGRESS FOR OUR AUDIENCES, OUR INDUSTRY AND THE COMMUNITIES WE SERVE IN THE DECADES TO COME.

MINNESOTA PUBLIC RADIO'S REGIONAL SERVICE IS INTENDED TO SERVE NEWS, INFORMATION AND CULTURAL NEEDS OF THE RESIDENTS OF MINNESOTA AND ITS BORDER COMMUNITIES. MPR OPERATES A 45-STATION RADIO NETWORK SERVING VIRTUALLY ALL OF THE STATE AND PARTS OF THE SURROUNDING STATES, REACHING MORE THAN 900,000 REGIONAL LISTENERS EACH WEEK. MPR PRODUCES PROGRAMMING FOR RADIO, INTERNET AND FACE-TO-FACE AUDIENCES, AND IS HOME TO THE LARGEST AND MOST EXPERIENCED RADIO NEWSROOM IN THE UPPER MIDWEST. PROGRAMS PRODUCED BY MPR, UNDER THE BRAND AMERICAN PUBLIC MEDIA, REACH MORE THAN 20 MILLION LISTENERS NATIONWIDE EACH WEEK. A COMPLETE LIST OF STATIONS, PROGRAMS AND ADDITIONAL SERVICES CAN BE FOUND AT [WWW.MINNESOTAPUBLICRADIO.ORG](http://WWW.MINNESOTAPUBLICRADIO.ORG) AND AT [WWW.AMERICANPUBLICMEDIA.ORG](http://WWW.AMERICANPUBLICMEDIA.ORG)

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPOSED OF AT LEAST THREE TRUSTEES DESIGNATED BY THE BOARD OF TRUSTEES. THE COMMITTEE HAS THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE BUSINESS OF THIS CORPORATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION RELIES ON AMERICAN PUBLIC MEDIA GROUP TO PROVIDE CERTAIN MANAGEMENT, FINANCIAL, AND HR SERVICES. AMERICAN PUBLIC MEDIA GROUP IS A

Name of the organization MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number 41-0953924
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NOT-FOR-PROFIT PARENT SUPPORT ORGANIZATION WHOSE PRIMARY PURPOSE IS TO PROVIDE FINANCIAL AND MANAGEMENT SUPPORT SERVICES TO ITS AFFILIATES.

FORM 990, PART VI, SECTION A, LINE 7A:

MINNESOTA PUBLIC RADIO (MPR) IS CONTROLLED BY ITS NOT-FOR-PROFIT PARENT SUPPORT ORGANIZATION AMERICAN PUBLIC MEDIA GROUP (APMG). APMG HAS THE ABILITY TO APPROVE THE ELECTION OF TRUSTEES BY THE MPR BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

MINNESOTA PUBLIC RADIO (MPR) IS CONTROLLED BY ITS NOT-FOR-PROFIT PARENT SUPPORT ORGANIZATION AMERICAN PUBLIC MEDIA GROUP (APMG). THE FOLLOWING ACTIONS REQUIRE PRIOR APPROVAL OF THE BOARD OF TRUSTEES OF APMG:

- 1) AMENDMENT OF THE ARTICLES OF INCORPORATION
- 2) AMENDMENT OF THE BYLAWS
- 3) MERGER OR CONSOLIDATION WITH ANY OTHER CORPORATION
- 4) SALE, LEASE, ENCUMBRANCE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S PROPERTY
- 5) VOLUNTARY DISSOLUTION

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED UNDER THE DIRECTION OF THE AUDIT COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES AND IS MADE AVAILABLE TO EACH MEMBER OF THE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION SURVEYS ITS TRUSTEES, OFFICERS, AND KEY EMPLOYEES ANNUALLY FOR POTENTIAL CONFLICTS OF INTEREST. THE SURVEYS ARE ANALYZED AND INFORM

Name of the organization	MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number	41-0953924
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TRANSACTIONS AND VOTING IN ORDER TO MAINTAIN AND DISCLOSE ACTUAL CONFLICTS OF INTEREST.

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS (A) TRUSTEES, (B) A TRUSTEE OR DIRECTOR OF A RELATED ORGANIZATION (WITHIN THE MEANING OF MINNESOTA STATUTES, SECTION 317A.011, SUBDIVISION 18), OR (C) AN ORGANIZATION IN OR OF WHICH A TRUSTEE IS A DIRECTOR, OFFICER OR LEGAL REPRESENTATIVE OR HAS A MATERIAL FINANCIAL INTEREST. TRANSACTIONS MAY BE AUTHORIZED IF THE MATERIAL FACTS AS TO THE CONTRACT OR TRANSACTION AND AS TO THE TRUSTEE'S INTEREST ARE FULLY DISCLOSED OR KNOWN TO THE BOARD OF TRUSTEES, AND THE BOARD OF TRUSTEES AUTHORIZES, APPROVES, OR RATIFIES THE CONTRACT OR TRANSACTION IN GOOD FAITH BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE TRUSTEES (WITHOUT COUNTING THE INTERESTED TRUSTEE), AT A MEETING AT WHICH THERE IS A QUORUM WITHOUT COUNTING THE INTERESTED TRUSTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE PERSONNEL & COMPENSATION COMMITTEE OF THE BOARD (PCC) REVIEWS THE COMPENSATION AND BENEFITS PLANS OF THE ORGANIZATIONS OF APMG, INCLUDING MPR, ON AN ANNUAL BASIS, INCLUDING THE COMPANY'S COMPENSATION PHILOSOPHY, HEALTH CARE PLAN, AND SUMMARY OF OTHER BENEFITS, INCLUDING EXECUTIVE BENEFITS, AND SAVINGS AND RETIREMENT PLANS. THE PCC SETS THE COMPENSATION FOR THE CEO, APPROVES THE CEO'S RECOMMENDATIONS FOR COMPENSATION FOR THE COO, AND REVIEWS COMPENSATION FOR OTHER OFFICERS. THE COMMITTEE UTILIZES A COMPENSATION CONSULTANT AND THE ORGANIZATION SUBSCRIBES TO SEVERAL ADDITIONAL MARKET DATA SOURCES TO ENSURE MARKET COMPETITIVE PAY PRACTICES. THE PCC ESTABLISHES AN ANNUAL AT-RISK COMPENSATION PLAN TO ENABLE THE PARTICIPATING ORGANIZATIONS OF APMG, INCLUDING MPR, TO ATTRACT, RETAIN AND MOTIVATE KEY MANAGEMENT TALENT BY PROVIDING TOTAL COMPENSATION THAT IS

Name of the organization	MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA	Employer identification number	41-0953924
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COMPETITIVE WITH THE MARKET AND HAS THE FOLLOWING OBJECTIVES:

- FOCUS MANAGEMENT EFFORTS ON KEY ANNUAL FINANCIAL AND STRATEGIC RESULTS.
- ENCOURAGE TEAMWORK AND INDIVIDUAL PERFORMANCE BY PROVIDING REWARDS FOR ACHIEVEMENT OF COMPANY GOALS, AS WELL AS INDIVIDUAL AND DEPARTMENTAL PERFORMANCE OBJECTIVES.

EACH MEMBER OF THE SENIOR MANAGEMENT TEAM PARTICIPATES IN THE PLAN, WHICH PROVIDES THAT A CERTAIN PERCENTAGE OF THEIR BASE SALARY IS AVAILABLE IN THE FORM OF AT-RISK COMPENSATION AT YEAR END BASED ON AN EVALUATION OF PERFORMANCE AGAINST GOALS. THE TOTAL COMPENSATION OPPORTUNITY IS BENCHMARKED EXTERNALLY THROUGH A COMPENSATION CONSULTANT. THE GOALS AGAINST WHICH PERFORMANCE IS EVALUATED INCLUDE OVERALL COMPANY OBJECTIVES - INCLUDING REVENUE AND NET (FINANCIAL MEASURE) AND ANNUAL OBJECTIVES (ANNUAL OBJECTIVE MEASURE), AND ALSO PERSONAL OBJECTIVES (INDIVIDUAL MEASURE). ACHIEVEMENT AGAINST COMPANY OBJECTIVES, INCLUDING FINANCIAL AND ANNUAL OBJECTIVES, IS DETERMINED BY THE PCC. THE SIZE OF AT-RISK COMPENSATION VARIES BY LEVEL WITHIN THE ORGANIZATION. EACH EMPLOYEE LEVEL HAS AN AT-RISK AMOUNT THAT IS A PERCENTAGE OF HER/HIS BASE SALARY. THE PLAN IS DISCRETIONARY IN THAT THE PCC RESERVES THE DISCRETION TO PROVIDE AT-RISK COMPENSATION UP TO 125% OF TARGET FOR EXCEPTIONAL RESULTS, TO MAKE AWARDS ON A PRO-RATA BASIS FOR RESULTS THAT EXCEED THE PLAN THRESHOLD BUT NOT THE TARGET, OR TO WAIVE THE THRESHOLD REQUIREMENT ALTOGETHER. ON AN ANNUAL BASIS, THE CEO'S COMPENSATION IS DETERMINED BY THE PCC. THE COO IS EVALUATED BY THE CEO, WHO DISCUSSES THE EVALUATION WITH THE PCC AND MAKES A RECOMMENDATION FOR THE COO'S BASE SALARY AND AT RISK COMPENSATION. THE OFFICE OF THE PRESIDENT, WHICH INCLUDES THE CEO, COO, CFO, CHRO, GENERAL COUNSEL, AND CDO PROVIDE THEIR RECOMMENDATIONS FOR BASE SALARY AND AT-RISK COMPENSATION FOR THE REMAINDER OF THE SENIOR MANAGEMENT TEAM.

Name of the organization MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA	Employer identification number 41-0953924
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
 AL, AK, AR, CA, CO, CT, FL, HI, KS, KY, LA, ME, MD, MI, MN, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR  
 PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS  
 AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE; BY REQUEST TO HAVE THE  
 DOCUMENTS RECEIVED VIA E-MAIL OR THE POST; OR IN PERSON AT ITS OFFICES AT  
 480 CEDAR STREET, ST PAUL, MN 55101. A FEE MAY APPLY FOR COPYING AND  
 MAILING COSTS ASSOCIATED WITH A REQUEST. DOCUMENTS ARE AVAILABLE FOR THE  
 SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 CHANGE IN VALUE ENDOWMENT FUND HELD BY OTHERS/BENEFICIAL  
 INTEREST IN TRUST -1,718,716.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization **MINNESOTA PUBLIC RADIO |  
AMERICAN PUBLIC MEDIA** Employer identification number **41-0953924**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AMERICAN PUBLIC MEDIA FOUNDATION - 47-2607447, 480 CEDAR STREET, ST. PAUL, MN 55101	SOLICIT CONTRIBUTIONS	DELAWARE	30,003.	89,909.	MINNESOTA PUBLIC RADIO
OLMSTEAD SPRINGS, LLC. 480 CEDAR STREET ST. PAUL, MN 55101	OPERATE THE BROADCAST TOWER SITE LOCATED IN SOUTH CENTRAL MN	MINNESOTA	876,997.	2,614,392.	MINNESOTA PUBLIC RADIO

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN PUBLIC MEDIA GROUP - 36-3503764 480 CEDAR STREET ST. PAUL, MN 55101	PROVIDE SUPPORT TO EXEMPT SUBSIDIARIES	MINNESOTA	501(C)(3)	LINE 12A, I	N/A		X
THE FITZGERALD THEATER COMPANY - 41-1429405 480 CEDAR STREET ST. PAUL, MN 55101	PROVIDE VALUABLE REHEARSAL & PERFORMANCE SPACE	MINNESOTA	501(C)(3)	LINE 11	MINNESOTA PUBLIC RADIO		X
SOUTHERN CALIFORNIA PUBLIC RADIO - 95-4765734, 474 SOUTH RAYMOND AVENUE, PASADENA, CA 91105	NONCOMMERCIAL PUBLIC RADIO BROADCASTING	CALIFORNIA	501(C)(3)	LINE 7	AMERICAN PUBLIC MEDIA GROUP		X
OAKLEAF ENDOWMENT TRUST FOR MINNESOTA PUBLIC RADIO - 41-6429971, 480 CEDAR STREET, ST. PAUL, MN 55101	MAKES GRANTS TO HELP MAINTAIN & ENHANCE THE QUALITY OF MPR	MINNESOTA	501(C)(3)	LINE 12A, I	MINNESOTA PUBLIC RADIO		X

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

Schedule R (Form 990) 2017





**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE FITZGERALD THEATER COMPANY	N	352,212.	ACTUAL AMOUNT
(2) CLEARSRING ENTERPRISES INC OAKLEAF ENDOWMENT TRUST FOR MINNESOTA	M	174,951.	ACTUAL AMOUNT
(3) PUBLIC RADIO OAKLEAF ENDOWMENT TRUST FOR MINNESOTA	C	30,480.	ACTUAL AMOUNT
(4) PUBLIC RADIO	S	3,195,845.	ACTUAL AMOUNT
(5)			
(6)			





# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>480 CEDAR STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PAUL, MN 55101</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>41-0953924</b>  <b>E</b> Unrelated business activity codes (See instructions.) <b>515100 532000</b>
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<b>C</b> Book value of all assets at end of year <b>164,418,208.</b>	<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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**H** Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ **SEE STATEMENT 5**

**J** The books are in care of ▶ **DOUG RODERICK** Telephone number ▶ **(651) 290-1446**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>25,319.</b>			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c 25,319.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2 14,217.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3 11,102.</b>		<b>11,102.</b>
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6 266,767.</b>	<b>254,889.</b>	<b>11,878.</b>
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10 2,426,422.</b>	<b>672,841.</b>	<b>1,753,581.</b>
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	<b>12 351,674.</b>		<b>351,674.</b>
<b>13 Total.</b> Combine lines 3 through 12	<b>13 3,055,965.</b>	<b>927,730.</b>	<b>2,128,235.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	<b>2,500.</b>
<b>20</b> Charitable contributions (See instructions for limitation rules) <b>STATEMENT 6 SEE STATEMENT 3</b>	<b>20</b>	<b>36,536.</b>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	<b>1,753,581.</b>
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 4</b>	<b>28</b>	<b>5,797.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>1,798,414.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>329,821.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>329,821.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>328,821.</b>

Part III Tax Computation	
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:	
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>43,203.</u> (2) \$ <u>21,602.</u> (3) \$ <u>264,016.</u>	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <u>10,153.</u> (2) Additional 3% tax (not more than \$100,000) \$ _____	
<b>c</b> Income tax on the amount on line 34 <u>SEE STATEMENT 7</u>	<b>35c</b> 90,601.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>
<b>37 Proxy tax.</b> See instructions	<b>37</b>
<b>38 Alternative minimum tax</b>	<b>38</b>
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b> 90,601.

Part IV Tax and Payments	
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>
<b>b</b> Other credits (see instructions)	<b>41b</b>
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>
<b>42</b> Subtract line 41e from line 40	<b>42</b> 90,601.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b> 90,601.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b> 6,944.
<b>b</b> 2017 estimated tax payments	<b>45b</b> 1,136.
<b>c</b> Tax deposited with Form 8868	<b>45c</b> 92,000.
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>
<b>e</b> Backup withholding (see instructions)	<b>45e</b>
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b> 100,080.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b> 9,479.
<b>50</b> Enter the amount of line 49 you want: Credited to 2018 estimated tax <u>9,479.</u> Refunded	<b>50</b> 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <u>CHINA</u>	Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <u>\$</u>		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	SENIOR VP & CFO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KAREN GRIES	<i>Karen Gries</i>	3/8/2019		P00078514
	Firm's name <u>CLIFTONLARSONALLEN LLP</u>	Firm's EIN <u>41-0746749</u>			
Firm's address <u>220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402</u>				Phone no. <u>612-376-4500</u>	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	14,217.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	14,217.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	14,217.				X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

- (1) TRANSMITTER TOWER
- (2) STUDIO RENTAL
- (3)
- (4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	SEE STATEMENT 8
(1)	246,109.	249,522.
(2)	20,658.	5,367.
(3)		
(4)		
Total	0.	266,767.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
266,767.		254,889.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) PROGRAMMING	2,426,422.	STMT 9 672,841.	1,753,581.	50,885,281.	STMT 10 85,708,688.	1,753,581.
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A). 2,426,422.	Enter here and on page 1, Part I, line 10, col. (B). 672,841.			Enter here and on page 1, Part II, line 26. 1,753,581.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		0.	0.			0.



**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

**SCHEDULE O  
(Form 1120)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**  
▶ **Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).**

OMB No. 1545-0123

Name <b>MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA</b>	Employer identification number <b>41-0953924</b>
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**Part I Apportionment Plan Information**

1 Type of controlled group:

- a  Parent-subsidiary group
- b  Brother-sister group
- c  Combined group
- d  Life insurance companies only

2 This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
- b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, and for all succeeding tax years.
- c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a  Elected by the component members of the group.
- b  Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a  No apportionment plan is in effect and none is being adopted.
- b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a  Yes.
  - (i)  The statute of limitations for this year will expire on \_\_\_\_\_.
  - (ii)  On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.
- b  No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c  The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
1	MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA	41-0953924 18-06	43,203.	21,602.	264,016.		328,821.
2	CEDAR STREET HOLDINGS, INC.	20-3194673 18-06	0.	0.	0.		0.
3	CLEARSPRING HOLDING INC AND SUBSIDIARIES	41-1904483 18-06	0.	0.	0.		0.
4	THE FITZGERALD THEATER COMPANY	41-1429405 18-06	262.	131.	1,603.		1,996.
5	SOUTHERN CALIFORNIA PUBLIC RADIO	95-4765734 18-06	0.	0.	0.		0.
6	AMERICAN PUBLIC MEDIA GROUP	36-3503764 18-06	6,535.	3,267.	39,932.		49,734.
7							
8							
9							
10							
11							
12							
<b>Total</b>			50,000.	25,000.	305,551.		380,551.

Schedule O (Form 1120) (Rev. 12-2012)

**Part III Income Tax Apportionment** (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA	6,480.	5,401.	89,765.		10,153.		111,799.
2 CEDAR STREET HOLDINGS, INC.	0.	0.	0.		0.		
3 CLEARSPRING HOLDING INC AND SUBSIDIARIES	0.	0.	0.		0.		
4 THE FITZGERALD THEATER COMPANY	39.	33.	545.		62.		679.
5 SOUTHERN CALIFORNIA PUBLIC RADIO	0.	0.	0.		0.		
6 AMERICAN PUBLIC MEDIA GROUP	981.	816.	13,577.		1,535.		16,909.
7							
8							
9							
10							
11							
12							
<b>Total</b>	7,500.	6,250.	103,887.		11,750.		129,387.

Schedule O (Form 1120) (Rev. 12-2012)

**Part IV Other Apportionments** (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA					
2 CEDAR STREET HOLDINGS, INC.					
3 CLEARSPRING HOLDING INC AND SUBSIDIARIES					
4 THE FITZGERALD THEATER COMPANY					
5 SOUTHERN CALIFORNIA PUBLIC RADIO					
6 AMERICAN PUBLIC MEDIA GROUP					
7					
8					
9					
10					
11					
12					
<b>Total</b>					

Schedule O (Form 1120) (Rev. 12-2012)

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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THE ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITIES ARE ADVERTISING, THE RENTAL OF RECORDING STUDIOS TO OUTSIDE PARTIES, AND THE RENTAL OF EXCESS SPACE ON TRANSMITTER TOWERS.

TO FORM 990-T, PAGE 1

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FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
QUALIFIED TRANSPORTATION FRINGE BENEFITS - MN	303,002.
QUALIFIED TRANSPORTATION FRINGE BENEFITS - CA	48,672.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	351,674.

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FORM 990-T	CONTRIBUTIONS	STATEMENT	3
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
AMERICAN PUBLIC MEDIA GROUP	N/A	1,477,367.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,477,367.

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
TAX PREPARATION FEES	2,000.
OVERHEAD ALLOCATION - INVENTORY SALES	3,797.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	5,797.

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FORM 990-T      PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER      STATEMENT      5

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CORPORATION'S NAME

IDENTIFYING NO

AMERICAN PUBLIC MEDIA GROUP

36-3503764

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 6

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	1,536,860
FOR TAX YEAR 2016	1,508,167

TOTAL CARRYOVER	3,045,027
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1,477,367
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TOTAL CONTRIBUTIONS AVAILABLE	4,522,394
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TAXABLE INCOME LIMITATION AS ADJUSTED	36,536
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EXCESS 10% CONTRIBUTIONS	4,485,858
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	4,485,858
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ALLOWABLE CONTRIBUTIONS DEDUCTION	36,536
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TOTAL CONTRIBUTION DEDUCTION	36,536
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FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT	7
1.	TAXABLE INCOME . . . . .	328,821	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	43,203	
3.	LINE 1 LESS LINE 2 . . . . .	285,618	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	21,602	
5.	LINE 3 LESS LINE 4 . . . . .	264,016	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	264,016	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	6,480	
9.	25 PERCENT OF LINE 4 . . . . .	5,401	
10.	34 PERCENT OF LINE 6 . . . . .	89,765	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX . . . . .	10,153	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL INCOME TAX		<u>111,799</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>69,052</u>	
	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184	56,359	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	34,242	
18.	TOTAL TAX PRORATED	<u>365</u>	<u>90,601</u>

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FORM 990-T	DEDUCTIONS CONNECTED WITH RENTAL INCOME	STATEMENT	8
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TOWER RENTAL EXPENSES		212,614.	
OVERHEAD ALLOCATION		36,908.	
- SUBTOTAL -	1		249,522.
STUDIO RENTAL EXPENSES		2,269.	
OVERHEAD ALLOCATION		3,098.	
- SUBTOTAL -	2		5,367.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			254,889.

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FORM 990-T	SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT	9
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT UNDERWRITING COSTS		672,841.	
- SUBTOTAL -	1		672,841.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			672,841.

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FORM 990-T	SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT	10
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EXEMPT FUNCTION EXPENSES		85,708,688.	
- SUBTOTAL -	1		85,708,688.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6			85,708,688.