\*\* PUBLIC DISCLOSURE COPY \*\*

## Return of Organization Exempt From Income Tax

Form **990** 

Department of the Treasury

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 for instructions and the latest information.

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1. 2022 and ending JUN 30, 2023 Check if C Name of organization D Employer identification number MINNESOTA PUBLIC RADIO Address AMERICAN PUBLIC MEDIA Name change 41-0953924 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final 480 CEDAR STREET 651-290-1446 termin-ated 171,709,468. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return ST. PAUL, MN 55101 H(a) Is this a group return F Name and address of principal officer: BARRY GISSER Applica-tion for subordinates? \_\_\_\_ Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( If "No," attach a list. See instructions (insert no.) 4947(a)(1) or WWW.MPR.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1967 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: NONCOMMERCIAL EDUCATIONAL PUBLIC Governance BROADCASTING INCLUDING RADIO AND ONDEMAND. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ...... 26 Number of independent voting members of the governing body (Part VI, line 1b) 4 ⋖ರ 605 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 141 6 2,404,145. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 144,380,592. 83,510,348. Contributions and grants (Part VIII, line 1h) 8 22,966,104. 20,567,275. Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,254,024. 4,003,466. 5,553,059. 5,877,297. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 174,153,779. 113,958,386. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 174,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 194,000. 13 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 57,649,467. 58,433,381. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 279,522. 269,444. 17,694,932. **b** Total fundraising expenses (Part IX, column (D), line 25) 54,277,831. 56,883,600. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 112,380,820. 115,780,425. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 61,772,959. -1,822,039. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 226,940,598. 226,827,375. 20 Total assets (Part X, line 16) 51,722,869. 48,149,993. 21 Total liabilities (Part X, line 26) 175,217,729. 178,677,382. 22 Net assets or fund balances. Subtract line 21 from line 20 .... 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. Signature of officer Date Sign BARRY GISSER, SENIOR VP Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 03/21 KIMBERLY ANDERSON /24 P00188889 KIMBERLY ANDERSON Paid self-employed CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Preparer Firm's name Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 Use Only Phone no. 608-662-8600 MIDDLETON, WI 53562 X Yes May the IRS discuss this return with the preparer shown above? See instructions

-orm	990 (2022) AMERICAN PUBLIC MEDIA	41-095	3924	Page 2
Par				
	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 IS CREATING THE FUT	TURE OF	PUBL	IC
	MEDIA BY AMPLIFYING VOICES TO INFORM, INCLUDE, AND INSPIR			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			[ <del>1</del>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O.			
	Describe the organization's program service accomplishments for each of its three largest program services, as r			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 82,719,761. including grants of \$) (Revenue).	- 20	567	275. 1
4a	(Code:) (Expenses \$ 82,719,761. including grants of \$) (Revenue SEE SCHEDULE O:	e S	, 507,	273.
	DEE BUILDONE O.			
4b	(Code:) (Expenses \$) (Revenue)	ie \$		)
			_	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	¢		1
40	(Code:) (Expenses \$ including grants of \$) (Revenue)	H 2		
				-
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e_	Total program service expenses 82,719,761.			00
			Form 9	90 (2022)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office?  f "Yes," complete Schedule C, Part	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Ιx
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
8		8		x
	Schedule D, Part III	P		
9	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?			<sub>v</sub>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	100000	77	
	or in quasi endowments?  f "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			1000
	as applicable.	WE !		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b	_X_	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes." complete Schedule F. Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 70		
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del></del>
16		16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا بر ا		<sub>v</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21	X	Ļ
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Part IV Checklist of Required Schedules (continued)

1 4	Continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Did the annual state of the second state of th		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	-22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
24 0	Schedule J			
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		X
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
00	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		2-	PU
28	instructions for applicable filing thresholds, conditions, and exceptions):		11/1	8
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	-		
а		28a		x
_	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C		28c	x	
20	"Yes," complete Schedule L, Part IV	29	X	
29	Did the organization receive more than \$25,000 in norreast contributions: If yes, complete scriedule in		<del></del>	t
30		30		x
24	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
32		32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		t
34		34	x	
35-	Part V, line 1	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
ы	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00		38	X	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V   Statements Regarding Other IRS Filings and Tax Compliance			-
- F	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Considered Controlled & Paragraphics of the Controlled Williams Controlled Wi		Yes	No
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 664		1	1
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-	J. SY	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	18	Sign	
U	(gambling) winnings to prize winners?	1c	х	
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| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 605		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
Ь	If "Yes," enter the name of the foreign country CHINA	310		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		14	
а	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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	100	C	V
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	^U	1,00	
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
ь 11	Section 501(c)(12) organizations. Enter:		n in	2.0
a	Gross income from members or shareholders		1,52	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		(S-11)	
D	amounts due or received from them.)		, j	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		100	7 11
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	JI-F		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		ili.	3.57
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ilia III	1 m
	organization is licensed to issue qualified health plans			N.
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>X</u>
	If "Yes," see the instructions and file Form 4720, Schedule N.		. =	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		-
	If "Yes," complete Form 6069.		000	

AMERICAN PUBLIC MEDIA Form 990 (2022)

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
			4			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		27		8, 5	
	If there are material differences in voting rights among members of the governing body, or if the governing				- 7		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		26	-0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		18		
	officer, director, trustee, or key employee?				2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e dired	ct supervision				
					3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		_X_
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr						
	more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or				
	persons other than the governing body?				7b	Х	,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:		10	0.15	( C   III
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			1			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		***********	*****	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		-		
				r		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ann l	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s, affiliates,				
					10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the forr	π?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			272	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Yes," c	describe				
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	idependent		311	7. 1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				E TUE	mi.	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				E		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			111	, 1 6 J
	taxable entity during the year?				16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					74.E	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's				
	exempt status with respect to such arrangements?	*****			16b		
Sec	tion C. Disclosure			****		2.577	
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, CA, CO, C						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	D-T (section 501	(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest polic	y, and	financ	ial	
	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 both DOUG RODERICK $-651-290-1446$	oks an	d records				
	480 CEDAR STREET, ST. PAUL, MN 55101						
232006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2022)

AMERICAN PUBLIC MEDIA

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Form 990 (2022) 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

### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck i	ition more	than (	one	Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation	amount of
	week	_					,	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	38 01 (	stee			ısateı		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	эши		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	売島	Forr			
(1) JEAN TAYLOR	27.00	,,							714 F.C.C	40 501
PRESIDENT & CEO, APMG	13.00	X		X				0.	714,766.	49,721.
(2) DAVID KANSAS	0.00						,,		FC2 00C	14.706
FORMER - EVP & PRESIDENT, APM  (3) DAVID BRANCACCIO	0.00	-		-			Х	0.	563,096.	14,726.
HOST	0.00					x		544,730.	0.	31,693.
(4) JON MCTAGGART	0.00	-		-	_	_		544,730.	0.	31,053.
FORMER - PRESIDENT & CEO APMG	0.00						х	0.	571,093.	0.
(5) KAI RYSSDAL	40.00						17	0.	371,055.	
HOST	0.00					$ _{\mathbf{x}} $		482,595.	0 🕶	53,773.
(6) DUCHESNE DREW	40.00					-		102,000		307,701
PRESIDENT OF MPR	0.00			х				421,185.	0.	51,133.
(7) MICHAEL LEWIS	27.00	П						,		
SVP & GENERAL COUNSEL OFFICER, APMG	13.00			Х				0.	422,138.	35,760.
(8) CHARLOTTE ZEPPIERI	40.00									
NATIONAL ACCOUNT EXECUTIVE	0.00					Х		411,860.	0	32,315.
(9) MORRIS GOODWIN, JR.	27.00									
SVP & CFO, APMG (THRU 8/22)	13.00			Х				0.	416,436.	15,411.
(10) CHANDRA KAVATI	40.00								_	50
CRO & SVP, DISTRIBUTION & UNDERWRITI	0.00	Ш		Х			_	358,700.	0.	50,383.
(11) LISA BITTMAN	40.00							254 252		40.000
MANAGING DIRECTOR, SALES	0.00	_		Ш		X	_	356,858.	0.	43,992.
(12) CHRISTINE PHELPS	27.00			,,				0	256 222	25 152
SVP & CHIEF HR OFFICER (THRU 12/22)	13.00	_	_	Х	_	_	_	0.	356,323.	35,152.
(13) NICHOLAS KEREAKOS	40.00			Ţ,				265 770		22 057
SVP - CHIEF TECH OFFICER (14) CARMEN JOHNSON	0.00	-	-	Х		-	_	365,770.	0.	23,057.
SVP & CHIEF MARKETING OFFICER	40.00			x				350,925.	0.	37,285.
(15) MICHAEL RESZLER	40.00	-		^				330,343.	0.	J/ 120J •
SVP & CHIEF STRATEGIC OFFICER	0.00			x				0.	346,326.	35,760.
(16) THOMAS NEAL SCARBROUGH	40.00								310,3201	337,001
VP & GENERAL MANAGER - MARKETPLACE	0.00			x				331,282.	0.	32,794.
(17) HEATHER RIDDLE	40.00									
SVP & CHIEF DEV OFFICER	0.00			х				334,936.	0.	28,607.

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Form 990 (2022) AMERICAN	PUBLIC	ME	DI	Α					41-0953	924 Page 8
Part VII   Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	Hig	ghes	t Co	pmpensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box offi	not c , unle cer ar	ss pe	more rson i	than s	n an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(18) LIWANAG OJALA	40.00							_		
SVP & CHIEF TRANSFORM OFFICER	0.00			X	_			0.	316,569.	33,291.
(19) ALEXANDRA SCHAFFERT-CALLAGHAN MANAGING DIRECTOR, OPS	0.00					х		297,530.	0.	45,501.
(20) LILIANA KIM	40.00									
FORMER VP & GM, APM STUDIOS	0.00						Х	128,937.	0.	14,692.
(21) BARRY GISSER SVP & CFO, APMG	27.00			Х				0.	88,183.	2,713.
(22) ADDISON (TAD) PIPER	1.00	H							3372331	2,7101
TRUSTEE	0.00	x						0.	0.	0.
(23) BO THAO-URABE	1.00									
TRUSTEE	0.00	x						0.	0.	0.
(24) BRYAN PHILLIPS	1.00									
TRUSTEE/ VICE CHAIR	1.00	X		X				0.	0.	0.
(25) DR. KENNETH HOLMEN	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(26) DREW MURPHY	1.00									
TRUSTEE	2.00	X				_		0.	0.	0.
1b Subtotal						,,,,,,		4,385,308.	3,794,930.	667,759.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)									3,794,930.	667,759.
2 Total number of individuals (including but a compensation from the organization	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	135
		_								Yes No

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on		0.00	Fuff
	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	-	100	N. Call
	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	15	J. R. Y.	
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

### 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
JONES DAY		
51 LOUISIANA AVE N.W., WASHINGTON, DC 20001	LEGAL SERVICES	901,125.
NINA HALE CONSULTING, INC., 100 SOUTH 5TH	MARKETING AND	
ST, STE 2000, MINNEAPOLIS, MN 55402	AUDIENCE DEVELOPMENT	779,866.
STREAMGUYS INC.	STREAMING SERVICES	
PO BOX 828, ARCATA, CA 95518	AND CONTENT DELIVERY	514,365.
SLALOM, INC.	DIGITAL CONSULTING	
821 2ND AVE, SUITE 1900, SEATTLE, WA 98104	AND STRATEGY	453,107.
TIMOTHY D. KRESSE		
101 HEDDINGTON AVE, TORONTO, ON, CANADA	SALES CONSULTANT	430,514.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 42	d above) who received more than	
CEE DADE VII CECRION A COMMINIATION CHI	o to more	E 000 (0000)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

### MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Form 990 AMERI	CAN PUBLIC	ΜĒ	DI	Α					41-095	3924
					nd H	ligh	est (	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	ь				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	director				фвш		(W-2/1099-MISC)	(**-2/1099-141100)	organization
	related	l 5	stee			nsate		(112) 1000 111100)		and related
	organizations	trustee	nal tru		oyee	ошре				organizations
	below	Individual	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	Ē	Inst	Officer	Key	Hig	고			
(27) ELIZABETH HLAVKA	1.00									
TRUSTEE		X		_				0.	0.	0
(28) IAN R. FRIENDLY	1.00	ν,		H				0.	0.	
TRUSTEE (29) ISAAC THOMPSON	1.00	X		-	-			0.	0.	0
TRUSTEE	0.00	x						0.	0.	0
(30) IVAN FONG	1.00	^		-				0.	0.	U
TRUSTEE	0.00	X						0.	0.	0
(31) JAMES GANLEY	1.00	-								
TRUSTEE	0.00	x						0.	0.	0
(32) JEANNINE BEFIDI	1.00									
TRUSTEE/SECRETARY	1.00	Х		X				0.	0.	0
(33) JIM DWYER	1.00									
TRUSTEE/CHAIR		Х		X				0.	0.	0
(34) JONATHAN LOW	1.00						Ù.			_
TRUSTEE	0.00	X		_			_	0.	0 •	0
(35) JULIE CAUSEY	1.00									_
TRUSTEE		X		_		_	_	0.	0.	0
(36) KANDACE HECK	1.00	3,7						0.	0.	0
TRUSTEE (37) KAREN RICHARD	1.00	Х	$\vdash$	-	-	_		0.	0.	U
TRUSTEE		x						0.	0.	0
(38) MANDY TUONG	1.00	^		-		-	_	0.	0.	
TRUSTEE		х						0.	0.	0
(39) MARY BRAINERD	1.00	-		$\neg$						
TRUSTEE		х						0.	0.	0
(40) MICHAEL PALMER	1.00	Ī								
TRUSTEE/TREASURER	1.00	х		X				0.	0.	0
(41) NII-AYITE QUAYE	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(42) PATRICIA SIMMONS, MD	1.00									
TRUSTEE	0.00	X						0.	0.	0
(43) RICK KING	1.00							_		_
TRUSTEE	1.00	X	Щ					0.	0.	0
(44) SHAWNTERA HARDY	1.00	_						_		^
TRUSTEE	0.00	X	=				_	0.	0.	0
(45) SID GHANDI	1.00	v						0.	0.	0
TRUSTEE	1.00	Δ			-	-	_	U .	0.	0
(46) SIMA GRIFFITH	0.00	y						0.	0.	0
TRUSTEE	1 0.00		1 111					0.	0.	

### MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Form 990 AMERICAN	PUBLIC	ME	DI	Α					41-095	3924
Part VII   Section A. Officers, Directors, Tri	ustees, Key Er	nplo	yee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			Pos	C) ition	1		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) STEVEN ROTHSCHILD TRUSTEE	1.00	x						0.	0.	0.
(48) SUSAN BOREN KING TRUSTEE	1.00							0.	0.	0.
(49) VIVEK AGRAWAL TRUSTEE	1.00								0.	
(50) WENDY BENNETT	1.00	Х						0 :		0.
TRUSTEE	0.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

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		Check if Schedule O contains a		3.79	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 5
15	1 a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b	35,642,336				8 1 1 2
ğ	С	Fundraising events	1c			1 12 30 11 11 11	4-1-1	n wu Sila
ar	d	Related organizations	1d	9,279,869.				0 10-11
E.	е	Government grants (contributions)	1e	7,139,071		1000		P W W
ឡ	f	All other contributions, gifts, grants, and						
#		similar amounts not included above	1f	31,449,072.				W-2
ğ	_	Noncash contributions included in lines 1a-1f	1g \$	495,183.			To the training	
ie i	h	Total. Add lines 1a-1f		T	83,510,348.			
- 1				Business Code				
	2 a			517000	16,040,292.	16040292.		
d)	b			517000	2,296,576.	2,296,576.		
E	С	ADVERTISING		541800	2,230,407.		2230407.	
Š	d							
Revenue	е							
		All other program service revenue			00 515 -5-			
+		Total, Add lines 2a-2f			20,567,275.			
	3	Investment income (including divider			4 252 535			40000
- 1					4,272,735.			427273
-	4	Income from investment of tax-exem	pt bond p	roceeds	F 706 F21		170 000	FCARR
- 1	5	Royalties	Real	/ii) Devery at	5,786,531.		178,808.	560772
	_		real	(ii) Personal	i i i y - fightini			
-	6 a			181,669.				
	b			91,208.		100	in Used William	
		Rental income or (loss) 6c		90,461	00.461		F 070	05 53
		Net rental income or (loss)	itiaa	I (ii) Othor	90,461.		-5,070.	95,53
-1	7 a	En a	ecurities	(ii) Other			( ) ( ) ( ) ( ) ( ) ( )	
			90,605.		200			
	b	Less: cost or other basis	45 450	14 424				
Ž		and sales expenses 7b 57,6  Gain or (loss) 7c -2	54 845					
§		/ /			-269.269.			260.26
Other Revenue		Net gain or (loss)			-209,209.			-269,26
	ва	Gross income from fundraising events (n including \$	- 1	1 1				
1			of	1 1			OBJUST TO SELECT	
		contributions reported on line 1c). See Part IV, line 18	55.7					
		Part IV, line 18 Less: direct expenses						
-		Net income or (loss) from fundraising						
		Gross income from gaming activities		i	THE RESERVE			within the Con-
-	J 4	Part IV, line 19		1				
	h	Less: direct expenses						
		Net income or (loss) from gaming act						
- [ .		Gross sales of inventory, less returns			- 10 miles			
		and allowances		305.			Marie Leading Control	
	h	Less: cost of goods sold						
-1		Net income or (loss) from sales of inv		-	305.	+		30
1		S. passy str. caros of any		Business Code	re e la caligió			
Revenue	11 a							
Revenue	۰۰ a b							
ve	r					-		
B	q	All other revenue						
		Total. Add lines 11a-11d		(COS-000000000000000000000000000000000000				Re-Pi Till
		Total revenue. See instructions			113958386.	18336868.	2404145.	970702

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1	art	Statement of Functional Expenses	
_			All II Commissions Incommission

_	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	104 000			
	and domestic governments. See Part IV, line 21	194,000.	194,000.		
2	Grants and other assistance to domestic			and the second	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			and the part leading	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	trustees, and key employees	2,306,446.	308,475.	1,139,410.	858,561
6	Compensation not included above to disqualified	2/300/1101	300,1731	1/200/1200	000,002
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	45,663,075.	37,694,584.	942,895.	7,025,596
8	Pension plan accruals and contributions (include				
Ŭ	section 401(k) and 403(b) employer contributions)	2,448,702.	2,042,406.	43,905.	362,391
9	Other employee benefits	4,534,055.	3,812,305.	58,967.	662,783
10	Payroll taxes	3,481,103.	2,841,512.	127,587.	512,004
11	Fees for services (nonemployees):				
а					
b		913,853.	20,178.	893,675.	
		87,350.	15,168.	72,182.	
		78,772.	78,772.		
	5 4 4 4 4 4 4 4 4 5 6 6 4 1 4 4 7	269,444.			269,444
f	Investment management fees				
g					
_	column (A), amount, list line 11g expenses on Sch O.)	10,352,766.	73,008.		
12	Advertising and promotion	3,668,318.	3,174,773.	1,282.	492,263.
13	Office expenses	1,201,511.	588,601.	208,681.	404,229.
14	Information technology				
15	Royalties				
16	Occupancy	7,880,099.	7,309,406.	175,024.	395,669.
17	Travel	828,703.	602,161.	43,983.	182,559.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			200 754	05.040
19	Conferences, conventions, and meetings	302,482.	74,503.	202,761.	25,218
20	Interest	203,008.	176,656.	4,403.	21,949.
21	Payments to affiliates	2 015 542	2 (50 774	CF 420	200 240
22	Depreciation, depletion, and amortization	3,015,543.	2,659,774.	65,429.	290,340. 5,739.
23	Insurance	606,373.	6,168.	594,466.	5,139.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAMMING/PRODUCTION	21,138,981.	20,007,170.	215,349.	916,462
a h	PROMO & DEVELOPMENT	3,480,146.	59,927.	36,042.	3,384,177
ņ	FINANCE/GENERAL	1,530,000.	881,903.	211,260.	436,837
d	BANK & CREDIT CARD FEES	941,765.	80,274.	42,837.	818,654
_	All other expenses	653,930.	18,037.	5,836.	630,057
25	Total functional expenses. Add lines 1 through 24e	115,780,425.	82,719,761.	15,365,732.	17,694,932
	Joint costs. Complete this line only if the organization				
20	, , uso or gameanor.	II.			
<b>∠</b> b	reported in column (B) joint costs from a combined				
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,155,454.	3	1,738,232
	4	Accounts receivable, net	6,802,143.	4	5,850,052
	5	Loans and other receivables from any current or former officer, director,			Section States
		trustee, key employee, creator or founder, substantial contributor, or 35%		0.34	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	60 405	7	04.400
Assets	8	Inventories for sale or use	62,125.	8	84,139
⋖	9	Prepaid expenses and deferred charges	1,399,293.	9	1,741,824
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 78,426,515.	20.050.004	1800	00 255 540
	ь	Less: accumulated depreciation 10b 49,070,796.	30,969,784.	10c	29,355,719
	11	Investments - publicly traded securities	100 001 661	11	126 610 000
	12	Investments - other securities. See Part IV, line 11	132,204,664.	12	136,618,892
	13	Investments - program-related. See Part IV, line 11	10 200 052	13	10 050 052
	14	Intangible assets	19,309,253.	14	19,259,253
	15	Other assets. See Part IV, line 11	33,037,882.	15	32,179,264
-	16	Total assets. Add lines 1 through 15 (must equal line 33)	226,940,598.	16	226,827,375
	17	Accounts payable and accrued expenses	12,364,446.	17	12,080,668
	18	Grants payable	025 066	18	1 1 5 2 2 4 1
	19	Deferred revenue	935,966.	19	1,153,241
	20	Tax-exempt bond liabilities	7,753,237.	20	5,506,053
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,		827	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			DE 64 10 A. 15
į į		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	30,669,220.	25	29,410,031.
	00	of Schedule D  Total liabilities. Add lines 17 through 25	51,722,869.		48,149,993
-	26		31,722,009.	26	40,149,995
က္က		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ĕ	27	Net assets without donor restrictions	77,733,742.	27	75,702,313
ala	28	Net assets with donor restrictions	97,483,987.	28	102,975,069.
9	20	Organizations that do not follow FASB ASC 958, check here	37720373071	20	
፤		and complete lines 29 through 33.		955	
6	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
455	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	175,217,729.	32	178,677,382.
2	33	Total liabilities and net assets/fund balances	226,940,598.	33	226,827,375.

Form 990 (2022)

### MINNESOTA PUBLIC RADIO Form 990 (2022) AMERICAN PUBLIC MEDIA

Forn	990 (2022) AMERICAN PUBLIC MEDIA	41-	0953924	Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,95			
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,78			
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,822,039		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	175,21			
5	Net unrealized gains (losses) on investments	5	1,81	3,6	36.	
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 on Schedule O)	9	3,46	8,0	56.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	178,67	7,3	82.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			-0.0		
			,	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			9.7		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:		100		CO III	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				<b>1</b>	
	Separate basis Consolidated basis X Both consolidated and separate basis		50.5			
С	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?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.	coante			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2022)	

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MINNESOTA PUBLIC RADIO Employer identification number AMERICAN PUBLIC MEDIA 41-0953924 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (ii) EIN (i) Name of supported (iii) Type of organization (v) Amount of monetary (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions))

Schedule A (Form 990) 2022

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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.)

50	ction A Public Support	s listed below, piea	se complete Part	III. <i>)</i>					
Section A. Public Support									
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and			ľ			1		
	membership fees received. (Do not	04005000	74022060	76607500	144200500	02510240	164226606		
	include any "unusual grants.")	84825200.	74822868.	76687598.	144380592	83510348.	464226606		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to			"					
	the organization without charge	0.4.0.0 5.0.0	74000000	7.6.6.0.0.0.0	1.4.4.2.0.5.0.0	02510240	454005505		
4	Total. Add lines 1 through 3	84825200.	74822868.	76687598.	144380592	83510348.	464226606		
5									
	by each person (other than a		± 1	Visial III, III					
	governmental unit or publicly			West of the state		3			
	supported organization) included	To the Part Spirit							
	on line 1 that exceeds 2% of the					34.5	i		
	amount shown on line 11,								
	column (f)		. 11 212 ]				55637173.		
	Public support, Subtract line 5 from line 4.			, Y - 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			408589433		
_	ction B. Total Support		r		r				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	84825200.	74822868.	76687598.	144380592	83510348.	464226606		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,						20		
	and income from similar sources	2880248.	3049467.	1369821.	6741786.	10059266.	24100588.		
9	Net income from unrelated business								
	activities, whether or not the						20		
	business is regularly carried on	3635359.	3386930.	6310128.	4774005.	2412076.	20518498.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10	LILLET LINVE					508845692		
	Gross receipts from related activities,						,791,686.		
13	First 5 years. If the Form 990 is for the	•	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and stor						Ц.		
	ction C. Computation of Publi						00.00		
	Public support percentage for 2022 (li					14	80.30 %		
	Public support percentage from 2021					15	81.55 %		
16a	33 1/3% support test - 2022. If the o	-				•	1 description of the second of		
	<b>stop here.</b> The organization qualifies								
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	-							
b	10% -facts-and-circumstances test						10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circu								
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a <u>, 16b, 17a, or 17b</u>	, check this box ar	nd see instructions			
						Schedule A	(Form 990) 2022		

### MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

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Schedule A (Form 990) 2022 AMERICAN PUBLIC MEDIA

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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose			1			
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	3	7-7		, , ,		
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b.						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	ourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2022 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	<b>22</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2021 Schedule A,	Part III, line 17	***************************************	***************************************	18	%
19a 33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2021. If the		= -				nd
line 18 is not more than 33 1/3%, chec	•					
20 Private foundation. If the organization			•		-	

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Schedule A (Form 990) 2022

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### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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2		
3a		
3b		
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4a		
	100	
4b	1	
4c		
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10-		
10a		
10b		

	MINNESOTA PUBLIC RADIO		5 -	
Sche	edule A (Form 990) 2022 AMERICAN PUBLIC MEDIA 41-	-095392	4 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		V. TI	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		1.5	
_	11c below, the governing body of a supported organization?	11a		
ь	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C		4420		
Sac	<u>detail in Part VI.</u> ction B. Type I Supporting Organizations	11c		_
360	ation B. Type I Supporting Organizations		T	F
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of		1 3	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	>,		
	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	4		100
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		2.0	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ 1		
2	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	131		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 31- 7		13
		2		
Sec	supervised, or controlled the supporting organization.	1		
	alon or type it cupper ting organizations		Yes	N <sub>a</sub>
nam:	Warrant and the first and the second		162	No
1	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	1		0.
	or management of the supporting organization was vested in the same persons that controlled or managed	27 - 3	17	and it
_	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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	الشيفان		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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			Tivin
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		W.S	Yall
J	significant voice in the organization's investment policies and in directing the use of the organization's			
		Marine II		2
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1000
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	<del></del>	
360			_	_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	ee instruction	75)	_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		100	mig
	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	110.35		, T-10
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		14	
		1.5	Te	3 13
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	- A		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			W.
а			10 10	TIE!
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		4	

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022 AMERICAN PUBLIC I			41-0953924 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3)			D 11/1/ O : -t ti
1 Check here if the organization satisfied the Integral Part Test			Part VI). See instructions.
All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income	izations must complete	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2		
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 instruc-	tions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	6-1		
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
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 0.015 of line 3 (for greater see instructions).	r amount,		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A	) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, colum	n A) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject t	0		
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

AMERICAN PUBLIC MEDIA 41-0953924 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (iii) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A	(Form 990) 2022	AMERICAN	PUBLIC	MEDIA		41-0953924 Page 8
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section	<b>ormation.</b> Provide s 1, 2, 3b, 3c, 4b, 4c, D, lines 2 and 3; Part	the explanation the three thre	ons required b 9c, 11a, 11b, lines 1c, 2a, 2	y Part II, line 10; Part II, line 17a o and 11c; Part IV, Section B, lines b, 3a, and 3b; Part V, line 1; Part complete this part for any additic	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V. Section B. line 1e: Part V.
)-	(See instructions.)			0, 4, 14 0. 7 100	oomplote the part to any addition	Tar information.
19						
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### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA 41-0953924 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

MINNESOTA PUBLIC RADIO

AMERICAN PUBLIC MEDIA

41-0953924

AMERI	CAN PUBLIC MEDIA	4.	L-0953924
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\3,925,901.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, audress, and zir + 4	\$ 3,061,707.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 3,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$3,500,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omniant If for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Name of organization
MINNESOTA PUBLIC RADIO
AMERICAN PUBLIC MEDIA

AMERI(	CAN PUBLIC MEDIA		41-0953924
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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B	(Form 990) (2022)			Page 4
Name of ore				Employer identification number
	OTA PUBLIC RADIO			
	AN PUBLIC MEDIA		1	41-0953924
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a	through (e) and the following line entr	v For organizations	
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info.	once.) \$
(a) No.	Ose doplicate copies of Fart III it additional	space is fleeded.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		No.		
-				
		(e) Transfer of gift		
		eu ain isoa	B 1 1/2 12 12 14	
F	Transferee's name, address, a	na ZIP + 4	Relationship of tra	ansferor to transferee
	2			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I	(2). 2. p 2 2 3	(0,000 0. g)	(-,	
	<del></del>		<del></del>   <del>y</del>	
		-		
		(e) Transfer of gift		
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
		<del></del>		
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		-		
				<u>~</u>
		<del></del>		
-		(e) Transfer of gift	11	
		(c) Transier of gire		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
		0 9		
50				
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
7,411.2.7				
				=
		(e) Transfer of gift		
	Transferee's name, address, a	nd 7ID + 4	Delationable of tra	neferor to transferos
-	Transieree's flame, address, at	IU ZII T W	netationship of tra	nsferor to transferee
1 8				
1100				

### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047 Open to Public Inspection

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

	ate instructions), then (c)(4), (5), or (6) organizat	tions: Complete Part III	, ,,,	,	, , ,
Name of organiz		TA PUBLIC RADIO		Emn	loyer identification number
rano or organiz		N PUBLIC MEDIA			41-0953924
Part I-A		janization is exempt und	er section 501(c)	or is a section 527 or	
2 Political car	mpaign activity expendit	eation's direct and indirect politic cures ign activities			
		janization is exempt und			
		incurred by the organization und			
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
					Yes No
Part I-C C	scribe in Part IV.	anization is exempt unde	er section 501(c)	except section 501/c	1(3)
		I by the filing organization for sec			
	* .	ization's funds contributed to oth	•		·
					S
		. Add lines 1 and 2. Enter here a			
	·				S
5 Enter the na made paym contribution	ames, addresses and en ents. For each organiza is received that were pro	1120-POL for this year?	N) of all section 527 po d from the filing organiz a separate political orga	olitical organizations to whicl zation's funds. Also enter th anization, such as a separat	h the filing organization e amount of political
(;	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
<u> </u>					
		0			

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022

11\_0053021 Page 2

Part II-A   Complete if the org	anization is exer	npt under section	501(c)(3) and file		ction under
section 501(h)).  A Check X if the filing organiza	tion belongs to an affi		Part IV each affiliated	group member's name	e, address, EIN,
		experialtares). nd "limited control" pro	vicione apply		
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ				78,772.	78,772.
c Total lobbying expenditures (add li	•			78,772.	78,772.
d Other exempt purpose expenditure				98,007,581.	151949617.
e Total exempt purpose expenditure				98,086,353.	152028389.
f Lobbying nontaxable amount. Enter	·			1,000,000.	1,000,000.
If the amount on line 1e, column (a) o		bying nontaxable ame			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce		Company of the Line	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.				152 - 1 - 12	
Over \$17,000,000					
2					
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	250,000.
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	0.
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	0.
j If there is an amount other than ze	ro on either line 1h or l	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations th	nat made a section 50	eraging Period Under 01(h) election do not l ate instructions for lin	nave to complete all	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	143,221.	121,442.	108,906.	78,772.	452,341.
d Grassroots nontaxable amount	250,221.	250,000.	250,000.	250,000.	1,000,221.
Grassroots nontaxable amount     Grassroots ceiling amount	230,221.	250,000.	250,000	250,000	-,000,441.
(150% of line 2d, column (e))					1,500,332.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

# MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Schedule C (Form 990) 2022

41-0953924 Page 3

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)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
f the lobbying activity.	Yes	No	Amo	unt
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:  2. Volunteers?				
a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Modic advertisements?				
Media advertisements?  d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
***************************************				
j Total. Add lines 1c through 1i				Z1 111
b If "Yes," enter the amount of any tax incurred under section 4912	E 45 (XY)	u e u	The second	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		212		
d 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), sectio 501(c)(6).	n 501(c)(5),	or sec	tion	
1.452			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B   Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members			11-A, 1110	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		200		
expenses for which the section 527(f) tax was paid).		=10.00		
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total				
		3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pro-	olitical	200		
expenditures next year?		4		
Taxable amount of lobbying and political expenditures. See instructions  art IV Supplemental Information		. 5		
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information.  ART II-B, AFFILIATED GROUP RETURN STATEMENT:	list); Part II-A,	lines 1 ar	nd 2 (See	
INNESOTA PUBLIC RADIO INCURRED LOBBYING EXPENSES OF \$	78,772	FOR '	гне	
ISCAL YEAR 2023 (TAX YEAR 2022) TO ADDRESS REGIONAL A	ND NATI	ONAL		
SSUES AFFECTING THE ORGANIZATION AND PUBLIC BROADCAST	ING. TH	IE		
RGANIZATION PROMOTED LEGISLATION AFFECTING FUNDING FO	R PUBLI	.C		_
ROADCASTING, BOTH AT THE STATE LEVEL AND AT THE NATIO	NAL LEV		lo C (Carre	000/ 0
		Scriedu	le C (Form	اع زنجد

Total exempt purpose expenditures (add lines 1c and 1d).

21,192,075.

Schedule C (Form 990 or 990-EZ) AMERICAN PUBLIC MEDIA	41-0953924 F	age 4
Part IV Supplemental Information (continued)		
Schedule C Affiliated Group Lobbying Expenditures Part II -A		
Name of Affiliated Group Member  AMERICAN PUBLIC MEDIA GROUP	Employer ID Number 36-3503764	
Affiliated Group Member Address 480 CEDAR STREET ST. PAUL, MN 55101	Electing Member YES	
Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	ь
Total lobbying expenditures (add lines 1a and 1b)	0.	С
Other exempt purpose expenditures	21,192,075.	d

Lobbying nontaxable amount.

Enter the amount from the following table:
If the amount on The lobbying nontaxable line e is: amount is:
Not over \$500,000 20% of the amount on line 1e 500,000 <= 1,000,000 100,000 + 15% > 500,000 1,000,000 <= 1,500,000 175,000 + 10% > 1,000,000 1,500,000 <= 17,000,000 225,000 + 5% > 1,500,000
Over \$17,000,000 \$1,000,000
rassroots nontaxable amount (enter 25% of line 1f)
ubtract line 1g from line 1a (limit to zero)
Subtract line 1f from line 1c (limit to zero)

Schedule C (Form 990 or 990-EZ) AMERICAN PUBLIC MEDIA 41-0953924 Page 4

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II - A

Name of Affiliated Group Member
MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Affiliated Group Member Address
480 CEDAR STREET
ST. PAUL, MN 55101

				T	
Limits on Lobbying Expenditu	res:			Line	
Total lobbying expenditures to i	influence public opinion (grassro	oots lobbying)	0.	1a	
Total lobbying expenditures to i	influence a legislative body (dire	ct lobbying)	78,772.	b	
Total lobbying expenditures (ad	d lines 1a and 1b)		78,772.	С	
Other exempt purpose expendit	tures		98,007,581.	d	
Total exempt purpose expendite	ures (add lines 1c and 1d).		98,086,353.	e	
Lobbying nontaxable amount. Enter the amount from the follor  If the amount on  line e is:	wing table:  The lobbying nontaxable amount is:				
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000	20% of the amount on line 1e 100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000				
Over \$17,000,000	\$1,000,000		1,000,000.	f	
Grassroots nontaxable amount	(enter 25% of line 1f)		250,000.	g	
Subtract line 1g from line 1a (lin	nit to zero)		0.	h	
Subtract line 1f from line 1c (limit to zero)					
Member's share of excess lobb	ying expenditures		0.		

Schedule C (Form 990 or 990-EZ)

Schedule C (Form 990 or 990-EZ) AMERICAN PUBLIC MEDIA

Part IV   Supplemental	1 395	
Schedule C	Affiliated Group Lobbying Expenditures Part II -A	
Name of Affiliated Group Member SOUTHERN CALIFOR	r RNIA PUBLIC RADIO	Employer ID Number 95-4765734
Affiliated Group Member Addres 474 SOUTH RAYMOI PASADENA, CA 91:	ND AVENUE	Electing Member YES

Limits on Lobbying Expenditures:				Line			
Total lobbying expenditures to influence pul	olic opinion (grassroc	ots lobbying)	0.	1a			
Total lobbying expenditures to influence a le	egislative body (direct	t lobbying)	0.	b			
Total lobbying expenditures (add lines 1a ar	nd 1b)		0.	С			
Other exempt purpose expenditures			32,749,961.	d			
Total exempt purpose expenditures (add line	es 1c and 1d).		32,749,961.	е			
Lobbying nontaxable amount.  Enter the amount from the following table:							
If the amount on The lobb	ying nontaxable mount is:						
Not over \$500,000 20% of the	amount on line 1e						
> 500,000 <= 1,000,000   100,000 + 1	15% > 500,000						
> 1,000,000 <= 1,500,000   175,000 + 1	10% > 1,000,000						
> 1,500,000 <= 17,000,000   225,000 +	5% > 1,500,000						
Over \$17,000,000 \$1,000,000			1,000,000.	f			
Grassroots nontaxable amount (enter 25% o	of line 1f)		250,000.	g			
Subtract line 1g from line 1a (limit to zero)	Subtract line 1g from line 1a (limit to zero)						
Subtract line 1f from line 1c (limit to zero)							
Member's share of excess lobbying expenditures  0.							

### **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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MINNESOTA PUBLIC RADIO

Employer identification number

Pai	t   Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Parit markets
		(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 w	riting that the assets held in donor advis-	ed funds
Ū	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
Ŭ	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial stateme	ents that describes the
Dat	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of A	Art Historical Treasures or Ot	her Similar Assets
I GI	Complete if the organization answered "Yes" on Form 9		7.000.01
4.	If the organization elected, as permitted under FASB ASC 958,		ad balance about works
1a			
	of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance		· ·
	If the organization elected, as permitted under FASB ASC 958,		
D	art, historical treasures, or other similar assets held for public e		
	· · · · · · · · · · · · · · · · · ·	Ambition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treas		
2			gan, provide
_	the following amounts required to be reported under FASB ASI Revenue included on Form 990, Part VIII, line 1		\$
a b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions f		Schedule D (Form 990) 2022

232051 09-01-22

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

	edule D (Form 990) 2022 AMERICAL rt III Organizations Maintaining C	N PUBLIC ME	DIA Historical Tre	acures or	Other	r Simila	41-09	53924	Pa	ige 2
3,000								contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records	, cneck any of the i	following that	make s	ignificant	use of its			
а	Public exhibition	d	L one or ove	hange prograi	B0					
b	Scholarly research	e e	Other	nange prograi	111					
C	Preservation for future generations	е	Other		_					
4	Provide a description of the organization's co	llections and avalain	how thoy further th	e organization	a'e ovor	ant nurno	co in Dart	VIII		
5	During the year, did the organization solicit o						se in Fait	VIII.		
3	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arrang									140
-	reported an amount on Form 990, Par		ic ii tiic organizatio	ii alisweled	103 011	11 01111 330	), i dit i v ,	inic o, or		
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other asse	ets not i	included			_	
	on Form 990, Part X?		-					Yes		No
h	If "Yes," explain the arrangement in Part XIII a									110
~	ii 100, Oxpiaii die arangement iii at xiii t	and complete the low	Swing table.			ſ		Amount		
С	Beginning balance					1c				
	Additions during the year									-
е	British of the Control of the Contro									
f	Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai						10.				
		(a) Current year	(b) Prior year	(c) Two years		(d) Three	years back	(e) Four	years l	back
1a	Beginning of year balance	91,247,483.	39,673,731.	33,053	,763.	33,2	84,650.	32,	276,1	L42.
ь	Contributions	3,885,000.	56,233,027.	50	,000.					
С	Net investment earnings, gains, and losses	7,295,653.	-2,994,795.	8,243	,275.	1,3	96,286.	2,	595,4	199.
d	Grants or scholarships	3,803,379.	1,664,480.	1,570	,579.	1,5	32,304.	1,	490,2	204.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	141,271.	146,445.	102	,728.		94,869.		96,7	787.
g	End of year balance	98,483,486.	91,247,483.	39,673,	,731.	33,0	53,763.	33,3	284,6	550.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	5.7400	_%							
b	Permanent endowment 74.6000	<u>%</u>								
С	Term endowment 19.6600	V6								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administere	d for th	е		_	-	
	organization by:								-	No
	(i) Unrelated organizations								X	
	(ii) Related organizations								X	
b	If "Yes" on line 3a(ii), are the related organizate							3b	<u> </u>	
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipme		D 1 1 1 1 1 0	F 000	D 1.V	r 40				
	Complete if the organization answered									
	Description of property	(a) Cost or oth	1 ' '		,	ccumulate	ed	(d) Book	value	
		basis (investme			del	preciation		0 270	0.0	12
	Land			9,002.	24 1	201 14		8,379		
b	Buildings					284,19		6,713		
	Leasehold improvements			0,344. 5,172.		319,68		210		
	Equipment				44,4	166,93	10.	3,798 254		
	Other			4,177.				25 <u>4</u> 9,355		
rotal	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990. Part X	column (B), line 10	/C.)			Schedule			

AMERICAN PUBLIC MEDIA

41-0953924 Page 3

Schedule D (Form 990) 2022 AMERICAN PU	BLIC MEDIA	41	-0953924 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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	i-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) RESTRICTED INVESTMENTS	2,941,421.	END-OF-YEAR MARKET	VALUE
(B) RESTRICTED INVESTMENTS			
(C) HELD BY ENDOWMENT FUNDS	97,538,211.	END-OF-YEAR MARKET	VALUE
(D) RESTRICTED INVESTMENTS IN			
(E) INVESTMENT POOL	36,139,260.	END-OF-YEAR MARKET	VALUE
(F)	,,		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	136,618,892.		
Part VIII Investments - Program Related.	130,010,0321		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book faido	(b) Monioc of Tanadaorii Cost of City	or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line 1:	1d See Form 000 Part V line 15	
	Description	10. See Form 990, Fart A, line 15.	(b) Book value
(1) LONG TERM PREPAID ASSETS	Description		245,870.
(2) RIGHT OF USE ASSETS			31,933,394.
			31,333,334.
(3)			
(4)			i i
(5)			
(6)			
(8)			
	17657		22 170 264
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> 15.)</u>		32,179,264.
	F 000 D+ IV lin- 4:	1 116 C F 000 Dart V line 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line I	Te or Tit. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			00 044 640
(2) LONG TERM LEASE LIABILITIE	<u> </u>		29,344,619.
(3) REFUNDABLE ADVANCE			65,412.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	OPE CONT.		20 410 024
Total, (Column (h) must equal Form 990, Part X, col. (R) line	251		29,410,031.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2022 AMERICAN PUBLIC MEDIA				0953924	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments Wit	h Revenue per Re	turn,		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	otal revenue, gains, and other support per audited financial statements			1	120,594	,528.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Tr. 1		10.5		
а	Net unrealized gains (losses) on investments		1,813,636.	(-)		
b	Donated services and use of facilities		1,263,242.			
С	Recoveries of prior year grants		2 550 061			
d	Other (Describe in Part XIII.)		3,559,264.			4.40
е	Add lines 2a through 2d			2e	6,636	
3	Subtract line 2e from line 1			3	113,958	,386.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	S200(A5554) HILLSON				
b	Other (Describe in Part XIII.)					0
С _	Add lines 4a and 4b			4c	113,958	206
Dar.	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII   Reconciliation of Expenses per Audited Financial Stat					,300.
I ai	Complete if the organization answered "Yes" on Form 990, Part IV, line		itti Expenses per i	ıcıuı		
_				1	117,134	875
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:				117,134	,013.
2	Donated services and use of facilities	2a	1,263,242.			
a b	Prior year adjustments		1,203,242.			
0	Other losses					
d	Other (Describe in Part XIII.)		91,208.	118		
e	Add lines 2a through 2d			2e	1,354	450.
3	Subtract line 2e from line 1				115,780	425.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	USS (1977)				
С	Add lines 4a and 4b			4c	11	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				115,780	,425.
Par	t 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.						
PAR	T V, LINE 4:					
MPR'S ENDOWMENT FUNDS PROVIDE A LONG TERM FUNDING SOURCE THAT SUPPORTS						
MPR'S PROGRAMS INCLUDING: NEWS AND INFORMATION, ALTERNATIVE MUSIC,						
MIN D PROGRAMS INCOMMING: MEMS AND INFORMATION, ADTERMATIVE MOSIC,						
CLASSICAL MUSIC, AND NATIONAL PROGRAMS.						
COMPRESSED MODIC   THE MILLIONIN LINCOLUMN						
		_				
APM	G HOLDS A QUASI ENDOWMENT FUND FOR THE B	BENEFIT	OF MPR.			
			<u> </u>			
PAR	T X, LINE 2:					
MPR	IS ORGANIZED UNDER CHAPTER 317 OF MINNE	SOTA S'	TATUTES AS N	ONP:	ROFIT	
					*/.	
ORG	ANIZATIONS. THE INTERNAL REVENUE SERVICE	(IRS)	HAS DETERMIN	NED	THAT M	PR
			(0)			
IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL						
ייי ת	DATE CODE / MILE CODE \ AND TO NOT A POST	ים פריים	DAMION 30 T	m ^:		7
	ENUE CODE (THE CODE) AND IS NOT A PRIVAT	E FOUN				
232054	09-01-22			Sche	dule D (Form 9	990) 2022

DocuSign Envelope ID: EDE1326A-B5A2-4DC9-9F70-A9AB6BA3E480 MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA 41-0953924 Page 5 Schedule D (Form 990) 2022 Part XIII | Supplemental Information (continued) 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 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 COULD RESULT IN UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED JUNE 30, 2023, MPR RECORDED NO ESTIMATED TAX EXPENSE. 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. PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	91,208.
CHANGE IN ENDOWMENT HELD BY OTHERS	3,468,056.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,559,264.

PART	XII.	LINE	2D	- OTHER	ADJUSTMENTS:
------	------	------	----	---------	--------------

RENTAL EXPENSES	91,208.

Schedule D (Form 990) 2022

### **SCHEDULE F** (Form 990)

### 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number** 

MINNESOTA PUBLIC RADIO 41-0953924 AMERICAN PUBLIC MEDIA 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?

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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (b) Number of (e) If activity listed in (d) (f) Total (a) Region employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and gram services, investments, grants to in the region describe specific type investments contractors in the region recipients located in the region) of service(s) in the region in the region EAST ASIA AND THE NEWS GATHERING 2 PROGRAM SERVICES 330,908. PACIFIC EUROPE (INCLUDING ICELAND & GREENLAND) PROGRAM SERVICES NEWS GATHERING 73,078. 2 403,986. 3 a Subtotal ..... **b** Total from continuation 0. sheets to Part I n 0 c Totals (add lines 3a 403,986. and 3b)

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

Schedule F (Form 990) 2022

AMERICAN PUBLIC MEDIA

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Schedule F (Form 990) 2022

| Part II | Grants and Other

41-0953924

Page 2

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	recipient organization anization by the IRS, c	lbove that are sh the grantee	recognized as charities by the foreign country, recognized as a tax or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r tion 501(c)(3) equ	ecognized as a tax iivalency letter	ax		
3 Enter total number of other organizations or entities	other organizations o	or entities			***************************************	•		

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MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Schedule F (Form 990) 2022 AMERICAN PUBLIC MEDIA 41-0953924

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

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	(h) Method of valuation (book, FMV, appraisal, other)		7			3		Schedule F (Form 990) 2022
	(g) Description of noncash assistance			[4]				Sched
	(f) Amount of noncash assistance							
	(e) Manner of cash disbursement							
	(d) Amount of cash grant							
	(c) Number of recipients	. =						
Iditional space is needed	<b>(b)</b> Region							
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					8		

232073 10-17-22

Schedule F (Form 990) 2022 AMERICAN PUBLIC MEDIA
Part IV Foreign Forms

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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	X 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		T77
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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	X 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	X No
	Turia (see instructions for Form 6021)		
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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
0	"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	X No
	Trouble for 1 of 10, 300 time with one 300y		

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 AMERICAN PUBLIC MEDIA	41-0953924	Page 5
Part V   Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	ing method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method		
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform		
PART I, LINE 2:		
TAKE 1, DIKE 2.		
FINANCIAL REPORTS ARE REVEIWED BY MINNESOTA PUBLIC RADIO O	N A PERIODIC	
BASIS TO ENSURE USE OF THE FUNDS ARE IN LINE WITH THE GRANT	יי סווסטטקד	
BASIS TO EMBORE USE OF THE FUNDS ARE IN DIME WITH THE GRAM.	I TORTODI.	
PART I, LINE 3:		
THE FINANCIAL STATEMENTS OF MINNESOTA PUBLIC RADIO ARE PRE	PARED ON THE	
ACCRUAL BASIS OF ACCOUNTING. ALL AMOUNTS LISTED IN PART I,	LINE 3, COLUM	MIN
(F) WERE FOR EXPENDITURES ASSOCIATED WITH THIS REGION.		

### SCHEDULE G (Form 990)

### 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

PARKWAY, SUITE 210, DEER

Attach to Form 990 or Form 990-EZ.

Inspection

-8,913.

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization MINNESOTA PUBLIC RADIO 41-0953924 AMERICAN PUBLIC MEDIA 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. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual fundraiser have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) LKA FUNDRAISING AND No Yes 2,184,860. COMMUNICATIONS - 4800 S DIRECT MAIL SOLICITATIONS X 2,310,010 125,150, ACD DIRECT - 520 N MARKETPLACE DR STE 200 FELEMARKETING/CALL CENTER X 525,092 62,467, 462,625. OCSS INC - 21925 WEST FIELD 81,827

269,444 2,908,016 2,638,572, Total

Х

72,914.

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, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR
PA, RI, SC, TN, UT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

TELEMARKETING

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 AMERICAN PUBLIC MEDIA

41-0953924 Page 2

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue					
1 6	Gross receipts				
2	Less: Contributions				
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
2000					
6	Rent/facility costs				
7	Food and beverages				
8					
9			-		
10	<ul> <li>Direct expense summary. Add lines 4 through</li> <li>Net income summary. Subtract line 10 from li</li> </ul>				
	III Gaming. Complete if the organization				
	\$15,000 on Form 990-EZ, line 6a.			•	
y v		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Hevenue		., ,	bingo/progressive bingo	., , ,	col. (a) through col. (c
1	Grass rayanua				
Τ'	Gross revenue				
, 2	Cash prizes				
3					
3					
5	Other direct expenses				
6		Yes % No	6	Yes % 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)			
		***************************************			1
	nter the state(s) in which the organization condu				
	the organization licensed to conduct gaming ac "No," explain:				Yes N
ş —					
	ere any of the organization's gaming licenses re	voked, suspended, or	terminated during the tax	/ear?	Yes N
	"Yes," explain:				

### MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Gaming manager compensation \$	Schedule G (Form 990) 2022	AMERICAN	PUBLIC MEDIA	41-0953924 Page 3
12 Is the organization argantar, teneficiary or trustee of a trust, or a member of a partnership or other ontity formed to administer charitable gaming?  13 Indicate the percentage of gaming activity conducted in:  a The organization's sciently  14 Enter the reame 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?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization or ceives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization or ceives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15b Does The third party is a decidence or the from the same and address of the third party is contract.  15c Does The third party is contract with a third party is contract.  15c Does The trust the amount of gaming revenue received by the organization or gaming proceeds to retain the state gaming icense?  15c Description of services provided  15c Description of services provided under state law to make charitable distributions from the gaming proceeds to retain the state gaming icense?  15c Description of services provided under state law to be distributed to other exempt organizations or gent in the organization or gent in the organization of gaming linears?  15c Description of services provided under state law to be distributed to other ex	11 Does the organization conduct ga	aming activities with	nonmembers?	Yes No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility  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?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a Does the organization have a contract with a third party from whom the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the fine party.  15a Gaming manager information:  15a Gaming manager compensation \$	12 Is the organization a grantor, bene	eficiary or trustee of	f a trust, or a member of a partnership or other entity formed	
a The organization's facility   13a   56   13b   56   1	to administer charitable gaming?			Yes No
b An outside facility				T i se
Name Address    So   Does the organization have a contract with a third party from whom the organization receives gaming revenue?   Yes   No				4.5
Name Address  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   Yes   No   b if "Ves," where the amount of gaming revenue received by the organization   \$				outron: State of the state of t
Address	14 Enter the name and address of th	e person who prepa	ares the organization's gaming/special events books and record	ds:
Address	Name			
Is a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Name			
Is a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Address			
b If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party:    Second or gaming revenue retained by the third party:	•			
of gaming revenue retained by the third party \$	15a Does the organization have a con-	tract with a third pa	rty from whom the organization receives gaming revenue?	Yes No
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				nount
Name Address  16 Gaming manager information:  Name Gaming manager compensation \$				
Address  16 Gaming manager information:  Name  Gaming manager compensation \$	c if "Yes," enter name and address	of the third party:		
Address  16 Gaming manager information:  Name  Gaming manager compensation \$	Name			
Name Gaming manager compensation  Bescription of services provided  Description of services provided  Independent contractor  Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Bent 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, 15, 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: LKA FUNDRAISING AND COMMUNICATIONS  (II) ADDRESS OF FUNDRAISER: ACD DIRECT	Name			-
Name Gaming manager compensation  Bescription of services provided  Description of services provided  Independent contractor  Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Bent 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, 15, 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: LKA FUNDRAISING AND COMMUNICATIONS  (II) ADDRESS OF FUNDRAISER: ACD DIRECT	Address			
Saming manager compensation \$				
Gaming manager compensation \$	16 Gaming manager information:			
Gaming manager compensation \$				
Description of services provided  Director/officer  Employee  Independent contractor  Independent cont	Name			
Description of services provided  Director/officer  Employee  Independent contractor  Independent cont		•		
Director/officer	Gaming manager compensation	\$		
Director/officer	Description of services provided			
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? 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: LKA FUNDRAISING AND COMMUNICATIONS  (I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT	Becomplian or solviese provided	•		
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? 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: LKA FUNDRAISING AND COMMUNICATIONS  (I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT				
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a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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: LKA FUNDRAISING AND COMMUNICATIONS  (I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT				
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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: LKA FUNDRAISING AND COMMUNICATIONS  (I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT				Ves No
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: LKA FUNDRAISING AND COMMUNICATIONS  (I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT				
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(I) NAME OF FUNDRAISER: LKA FUNDRAISING AND COMMUNICATIONS  (I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT	A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT			
(I) NAME OF FUNDRAISER: LKA FUNDRAISING AND COMMUNICATIONS  (I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT	· · · · · · · · · · · · · · · · · · ·			
(I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT	SCHEDULE G, PART I,	LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
(I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT				
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(I) ADDRESS OF FUNDRAISER: 4800 S MACADAM AVE, STE 240, PORTLAND, OR 97239  (I) NAME OF FUNDRAISER: ACD DIRECT	(T) NAME OF FINDRATO	TER. I.KA F	INDRATSING AND COMMINICATIONS	
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(I) NAME OF FUNDRAISER: ACD DIRECT	(I) ADDRESS OF FUNDE	RAISER: 48	00 S MACADAM AVE, STE 240, PORTI	LAND, OR 97239
(I) ADDRESS OF FUNDRAISER:	(I) NAME OF FUNDRAIS	SER: ACD D	IRECT	
(I) ADDRESS OF FUNDRAISER:	/T) 1DDDDDGG 07	27.055		
	(I) ADDRESS OF FUNDE	KAISEK:		
520 N MARKETPLACE DR, STE 200, CENTERVILLE, UT 84014	520 N MARKEMPIACE DE	ጓ .	CENTERVILLE IIT 84014	
DEC 1. INTERNITION DEL DIO CONTINEVAMBLE OF CIVIT	SHO II IMMINITI IMCII DI	C, DIL 200	, 021121112221, 01 01011	

MINNESOTA PUBLIC RADIO Schedule G (Form 990) AMERICAN PUBLIC MEDIA	41-0953924	Page 4
Part IV   Supplemental Information (continued)		
(I) NAME OF FUNDRAISER: QCSS INC		
(I) ADDRESS OF FUNDRAISER:		
21925 WEST FIELD PARKWAY, SUITE 210, DEER PARK, MN 60010		
PART I, LINE 2B, COLUMN (V):		
THESE ORGANIZATIONS RAISE FUNDS THROUGH MAIL AND PHONE SOLIC	ITATIONS.	
THEY DON'T SOLICIT GRANTS (NON-GOVERNMENT OR GOVERNMENT) OR	PARTICIPATE	
IN SPECIAL FUNDRAISING EVENTS.		
	3)	

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OMB No. 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

Open to Public 2022

**2 Employer identification number** 41-0953924 Inspection XYes 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 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

criteria used to award the grants or assistance?

PartII

	(h) Purpose of grant or assistance	TO SUPPORT PROGRAM SERVICES			1.		Schedule I (Form 990) 2022
	(g) Description of noncash assistance	N/A					
	(f) Method of valuation (book, EMV, appraisal, other)	N/A					
ed.	(e) Amount of noncash assistance	194,000, M/A					
onal space is neede	(d) Amount of cash grant	0,			line 1 table		
be duplicated if additic	(c) IRC section (if applicable)	501(C)(3)			anizations listed in the	table	ons for Form 990.
5,000. Part II can I	(b) EIN	95-4765734			nd government org	listed in the line 1	see the Instruction
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	SOUTHERN CALIFORNIA PUBLIC RADIO 474 SOUTH RAYMOND AVENUE PASADENA, CA 91105	*1		2 Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	LHA For Paperwork Reduction Act Notice, see the Instructions f

AMERICAN PUBLIC MEDIA

Schedule I (Form 990) 2022 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.

Page 2

41-0953924

(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
Supplementa	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2: FINANCIAL REPORTS ARE REVIEWED BY M	MINNESOTA	PUBLIC	RADIO ON A P	PERIODIC	
BASIS TO ENSURE USE OF THE FUNDS ARE	- 1	IN LINE WITH THE	GRANT	PURPOSE.	
					-

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Schedule I (Form 990) 2022

### SCHEDULE J (Form 990)

### **Compensation Information**

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 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA  $Employer\ identification\ number \\ 41-0953924$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		ares.	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	100	J. X	
	First-class or charter travel Housing allowance or residence for personal use	8.00	13.77	LG
	Travel for companions Payments for business use of personal residence			ile I
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	1	: 1	
			. 13	0, 1, 1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			577
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	THE RES		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
			. 1	Miner C
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		173	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	132		13.5
	establish compensation of the CEO/Executive Director, but explain in Part III.		7	He.
	X Compensation committee Written employment contract	20.0	4 3	95
	Independent compensation consultant   X   Compensation survey or study	53.0		
	X Form 990 of other organizations X Approval by the board or compensation committee			1
		1 3		-
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	100	- 115	
	organization or a related organization:	130	8	
а	Receive a severance payment or change-of-control payment?	4a	X	
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		_ 13	5.1
	"		- 4	
	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:	WILLIAM OF		
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	2017		118
	contingent on the net earnings of:	- 115	2.	30
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	1010		100
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	10	1 11 1	TATE OF
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Ilong	1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			Mary.
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

AMERICAN PUBLIC MEDIA

Schedule J (Form 990) 2022

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.

41-0953924

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.

		(B) Breakdown of W-2	-2 and/or 1099-MISC compensation	and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEAN TAYLOR	≘	0	0	0	0	0	0	0
PRESIDENT & CEO, APMG	€	517,741.	194,253.	2,772.	19,825.	29,896.	764,487.	0
(2) DAVID KANSAS	Ξ		0.	.0	0	0	0	0
FORMER - EVP & PRESIDENT, APM	≘	95,	0	467,362.	6,501.	8,225.	577,822.	0
(3) DAVID BRANCACCIO	€	469,82	.000,07	4,908.	19,825.	11,868.	576,423.	0
HOST	€		0.	.0	.0	0	0	0
(4) JON MCTAGGART	ε		• 0	0.	0	0	0	0
FORMER - PRESIDENT & CEO, APMG	€		0.	571,093.	0	0	571,093.	0
(5) KAI RYSSDAL	Ξ	480,30	0.	2,286.	19,825.	33,948.	536,368.	0
HOST	€		0.	0.	0	0	0	0
(6) DUCHESNE DREW	Ξ	301,91	117,464.	1,806.	19,825.	31,308.	472,318.	0
PRESIDENT OF MPR	▣		0	0.	.0	0	0	0
(7) MICHAEL LEWIS	€	0	0.	. 0	0	0	0	0
SVP & GENERAL COUNSEL OFFICER, APMG	▣	307,	112,287.	2,166.	19,825.	15,935.	457,898.	0
(8) CHARLOTTE ZEPPIERI	Ξ	410,29	0.	1,566.	19,825.	12,490.	444,175.	0
CVE	▣		0.	0.	0	.0	0.	0
(9) MORRIS GOODWIN, JR.	Ξ		• 0	0.	0.	.0	0.	0
SVP & CFO, APMG (THRU 8/22)	▣	219,12	7	109,258.	0		431,847.	0
(10) CHANDRA KAVATI	Ξ	269,43	87,220.	2,041.	19,825.	30,558.	409,083.	0
CRO & SVP, DISTRIBUTION & UNDERWRITI	$\rightarrow$		0	0.	0.	• 0		0
	Ξ	296,64	55,00	5,218.	19,825.	24,167.	400,850.	0
MANAGING DIRECTOR, SALES	▣		0	.0	0.	0		0
(12) CHRISTINE PHELPS	Ξ			.0	0.	0	.0	0
SVP & CHIEF HR OFFICER (THRU 12/22)	▣	275,	78,058.	3,006.	19,825.	15,327.	391,475.	* 0
(13) NICHOLAS KEREAKOS	Ξ	276,468.	87,136.	2,166.	19,825.	3,232.	388,827.	0
SVP - CHIEF TECH OFFICER	≣	0	0.	0.	0.	0	0	.0
(14) CARMEN JOHNSON	€	271,40	77,905.	1,620.	19,825.	17,460.	388,210.	0
SVP & CHIEF MARKETING OFFICER	▣		0	. 0	0.	• 0	0.	0
(15) MICHAEL RESZLER	≘		0.	0	0.	0	0.	0
SVP & CHIEF STRATEGIC OFFICER	▣	267,51	75,313.	3,494.	19,825.	15,935.	382,086.	0
) THOMAS NEAL SCARBROUGH	€	282,41	44,651.	4,221.	8,927.	23,867.	364,076.	0
VP & GENERAL MANAGER - MARKETPLACE	▣	0	0	0	0	•0	0	0

AMERICAN PUBLIC MEDIA

Schedule J (Form 990) 2022

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.

Page 2

41-0953924

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) HEATHER RIDDLE	Ξ	263,	70,928.	962.	15,130.	13,477.	363,543.	0
SVP & CHIEF DEV OFFICER	■			0	.0	0	0	0
(18) LIWANAG OJALA	Ξ			* 0	.0	0	0	0
SVP & CHIEF TRANSFORM OFFICER	▣	277,	38,	854.	5,993.	27,298.	349,860.	0
(19) ALEXANDRA SCHAFFERT-CALLAGHAN	Ξ	243,	51,47	2,109.	16,425.	29,076.	343,031.	0
MANAGING DIRECTOR, OPS	(ii)			0	0	0	0	0
(20) LILIANA KIM	Ξ	88,550.	37,250.	3,137.	6,158.	8,534.	143,629.	0
FORMER VP & GM, APM STUDIOS	€	0	0	0	0	0		0
	Ξ							
	(iii)							
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Schedule J (Form 990) 2022

AMERICAN PUBLIC MEDIA

Schedule J (Form 990) 2022

Page 3

41-0953924

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 III Supplemental Information

PART I, LINE 4A:
THE FOLLOWING LISTED PERSONS RECEIVED PAYMENTS, IN CALENDAR YEAR 2022, DUE
UNDER TERMS OF THEIR AGREEMENTS UPON SEPARATION:
JON MCTAGGART: \$ 519,000
DAVID KANSAS: \$ 431,646
MORRIS GOODWIN JR.: \$ 106,691
THE FOLLOWING LISTED PERSON RECEIVED A DISTRIBUTION, IN CALENDAR YEAR 2022,
FROM THE ORGANIZATION'S 457(B) DEFERRED COMPENSATION PLAN, WHICH WAS FUNDED
BY PAYROLL DEDUCTIONS WHILE THEY WERE AN EMPLOYEE.
JON MCTAGGART: \$ 52,093

Schedule J (Form 990) 2022

Name of the organization   MINNESOTA PUBLIC RADIO	orm 990 Ga to unum ire mov/Eorm990 for instructions and the latest information	Inspection
SECONDING PROPERTY   Color	dO.	Employer identification number 41-0953924
HOUSING AND		
HOUSEING AND	(c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose	(g) Defeased (h) On behalf (i) Pooled of issuer
HOUSING AND		Yes No Yes No Yes No
HOUSING AND	NONEAVAIL 12/01/14 15510000 SUPPLEMENTAL INFO	Х
Proceeds	NONE 11/25/20 3,620,000.	X
Proceeds		
Proceeds		
Amount of bonds retired		
Amount of bonds retired  Amount of bonds retired  Amount of bonds legally defeased  Total proceeds of issue  Gross proceeds in reserve funds  Capitalized interest from proceeds  Capital expenditures from procee	А	٥
Amount of bonds legally defeased  Total proceeds of issue  Gross proceeds in reserve funds  Capitalized interest from proceeds  Proceeds in refunding escrows  Issuance costs from proceeds  Credit enhancement from proceeds  Working capital expenditures from proceeds  Capital expenditures from proceeds  Working capital expenditures from proceeds  Other spent proceeds  Other spent proceeds  Other spent proceeds  Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, an advance refunding issue)?  Were the bonds issued as part of a refunding issue)?	2,170,000. 1,385,	
Total proceeds of issue		
Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Coapital expenditures from proceeds Working capital expenditures from proceeds Other spent proceeds Other spent proceeds Other spent proceeds Other unspent proceeds Other uns	5,510,000. 3,620,	
Proceeds in refunding escrows   180,000   75,		
Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other spent proceeds Other spent proceeds Other unspent proceeds Other unspent proceeds  Vear of substantial completion  Year of substantial completion  Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, an advance refunding issue)?  Were the bonds issued as part of a refunding issue)?  Were the bonds issued as part of a refunding issue)?  Were the bonds issued as part of a refunding issue)?  Were the bonds issued as part of a refunding issue)?  Were the bonds issued as part of a refunding issue)?  X  X  X  X  X  X  X  X  X  X  X  X  X	The state of the s	
Sezuance costs from proceeds		
Credit enhancement from proceeds       Working capital expenditures from proceeds       15,330,000.       3,544,         Capital expenditures from proceeds       15,330,000.       3,544,         Other spent proceeds       2014       202         Other unspent proceeds       Yes       No       Yes         Vear of substantial completion       Yes       No       Yes         Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?       X       X         Were the bonds issued as part of a refunding issue)?       X       X       X         Has the final allocation of proceeds been made?       X       X       X	,000.	
Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Other unspent proceeds Year of substantial completion  Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, an advance refunding issue)?  Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?  Was the final allocation of proceeds been made?  X  X  X  X  X  X  X  X  X  X  X  X  X	The contraction of the contracti	
Capital expenditures from proceeds         15,330,000.         3,544,           Other spent proceeds         2014         202           Other unspent proceeds         Year of substantial completion         7 No         Yes           Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?         X         X           Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?         X         X           Has the final allocation of proceeds been made?         X         X         X		
Other spent proceeds         15,330,000.         3,544,           Other unspent proceeds         2014         202           Year of substantial completion         Yes         No         Yes           Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, an advance refunding issue)?         X         X           Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?         X         X           Has the final allocation of proceeds been made?         X         X         X		
Other unspent proceeds         Year of substantial completion       Year       Yes       No       Yes       No         Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, an advance refunding issue)?       X       X       X         Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?       X       X         Has the final allocation of proceeds been made?       X       X       X	5,330,000. 3,544,	
Year of substantial completion       2014       2020         Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, an advance refunding issue)?       X       X       X         Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?       X       X         Has the final allocation of proceeds been made?       X       X       X		
Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, an advance refunding issue)?  Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?  Has the final allocation of proceeds been made?  Nes yes yes yes yes yes yes yes yes yes y		
Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?  Has the final allocation of proceeds been made?  X  X  X	No Yes No Yes	No Yes No
if issued prior to 2018, a current refunding issue)?  Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?  Has the final allocation of proceeds been made?  X  X		
Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?  Has the final allocation of proceeds been made?  X  X		
Issued prior to 2018, an advance refunding Issue)?  Has the final allocation of proceeds been made?  X	(or, if	
Has the final allocation of proceeds been made?	4	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? X	X	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.	Schedule K (Form 990) 2022

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MINNESOTA PUBLIC RADIO

AMERICAN PUBLIC MEDIA Schedule K (Form 990) 2022

Page 2

41-0953924

% ŝ Yes % % % % ŝ Yes % % % % S × × × × × 00. 00. 00.  $\mathbf{\omega}$ Yes × % % % % S × 00. × × × 00 00. × Yes × counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities Has there been a sale or disposition of any of the bond-financed property to a nond If "Yes" to line 3c, does the organization routinely engage bond counsel or other Enter the percentage of financed property used in a private business use as a c Are there any research agreements that may result in private business use of result of unrelated trade or business activity carried on by your organization, b If "Yes" to line 8a, enter the percentage of bond-financed property sold or c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations Are there any lease arrangements that may result in private business use Are there any management or service contracts that may result in private other than a section 501(c)(3) organization or a state or local government Was the organization a partner in a partnership, or a member of an LLC, nonqualified bonds of the issue are remediated in accordance with the Has the organization established written procedures to ensure that all another section 501(c)(3) organization, or a state or local government requirements under Regulations sections 1.141-12 and 1.145-2? Does the bond issue meet the private security or payment test? which owned property financed by tax-exempt bonds? business use of bond-financed property? sections 1.141-12 and 1.145-2? Part III Private Business Use bond-financed property? bond-financed property? Total of lines 4 and 5 Part IV Arbitrage disposed of 33 N 4 9 Ŋ 6

Is the bond issue a variable rate issue?

performed

If "Yes" to line 2c, provide in Part VI the date the rebate computation was

Schedule K (Form 990) 2022

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Yes

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Yes

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Yes

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Yes

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

2 If "No" to line 1, did the following apply?

a Rebate not due yet?
b Exception to rebate?

No rebate due?

Penalty in Lieu of Arbitrage Rebate?

×

×

×

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×

×

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MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Page 3 å No Δ Yes Yes Š ŝ Yes Yes 41-0953924 S å × × × ACQUISITION, REMODELING, AND EQUIPPING OF MPR FACILITIES LOCATED AT 480 MN. SERIES 2005-07 BONDS FINANCED THE PURCHASE α TO REFUND OUTSTANDING PRINCIPAL AMOUNT OF MPR SERIES 2002 AND SERIES Yes Yes OF TWO NONCOMMERCIAL EDUCATIONAL RADIO BROADCAST STATIONS, WCAL(FM) × × Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. 2005-07 BONDS. SERIES 2012 BONDS PROVIDED PARTIAL FUNDING FOR å 윈 × × × Yes Yes × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? COLUMN NORTHFIELD, MN AND KMSF(FM), ROCHESTER, MN Has the organization established written procedures to ensure that violations voluntary closing agreement program if self-remediation isn't available under Were any gross proceeds invested beyond an available temporary period? of federal tax requirements are timely identified and corrected through the 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into a qualified FORM 990, SCHEDULE K, PART I. LINE A, Has the organization established written procedures to monitor the Part V Procedures To Undertake Corrective Action ST. PAUL, hedge with respect to the bond issue? d Was the hedge superintegrated? requirements of section 148? Was the hedge terminated? Part IV Arbitrage (continued) applicable regulations? Schedule K (Form 990) 2022 CEDAR STREET, b Name of provider b Name of provider c Term of hedge c Term of GIC Part VI 9

### **SCHEDULE L**

(Form 990)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service	Go t	o ww	w.irs.gov/Forn	n990 fe	or inst	ructions and the lat	est information.			In	spect	ion	
Name of the organization	MINNES	ATC	PUBLIC	RAD	ΙO			Em	ploye	ident	ificati	on nu	mber
	AMERICA	AN I	PUBLIC M	EDI.	A			41	-09	539	24		
Part I Excess B	Benefit Trans	actio	ns (section 5	01(c)(3	), secti	ion 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ons on	ly).			
						art IV, line 25a or 25b							
1,,,,		(b) R	elationship bet	ween o	disqual	ified ,					(d)	Corre	cted?
(a) Name of disqualit	fied person		person and o	rganiza	ation	(0	c) Description of tran	sactio	on		Y	es	No
2 Enter the amount of	tax incurred by	the or	ganization man	agers	or disc	jualified persons duri	ing the year under						
section 4958									. \$				
3 Enter the amount of	tax, if any, on li	1е 2, а	bove, reimburs	sed by	the org	ganization			\$				
I Second 1	., .												
100000000000000000000000000000000000000	and/or Fron												
•	•					, Part V, line 38a or F	form 990, Part IV, lin	e 26; ı	or if th	e orga	nizatio	n	
	amount on Forn			T						Mb) An	nroved		
(a) Name of interested person	(b) Relation with organization		(c) Purpose of loan	fron	an to or n the	(e) Original principal amount	(f) Balance due (g) In (ln)		e due (g) In by default?		proved ard or	(i) W	/ritten ment?
interested person	With Organia	ZaliUII	Orioari		zation?	principal amount			_		nittee?	_	r -
		-		То	From			Yes	No	Yes	No	Yes	No
		-		-									-
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	_	$\rightarrow$		-									-
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		-											
		-											-
		_		1									-
		_		1									
		-		1									
Total						\$					- 54		
Part III   Grants or	Assistance	Bene	efiting Inter	estec	Per					-			
the same of the sa	the organization		_										
(a) Name of interes		1	o) Relationship			(c) Amount of	(d) Type	of	$\neg$	(e	) Purp	ose of	
(-,			interested pers			assistance	assistan				assista		
			the organiza	ation									
		1											

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

Schedule L (Form 990) 2022

### MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Schedule L (Form 990) 2022 AMERIC	AN PUBLIC MEDIA		41-0953	924	Page 2
Part IV Business Transactions Involvi					
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2i	8b or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
STAR TRIBUNE	ENTITY MORE THAN 35	219,169.	MPR PAID FO		X
					ļ
					ļ
Dady Combon telliform	l				
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
acii i Danm Tii Diiathibaa mi		a Timedeam	D DED COMO		
SCH L, PART IV, BUSINESS TI	RANSACTIONS INVOLVIN	G INTERESTE	ID PERSONS:		
(A) NAME OF PERSON: STAR TH	RIBUNE				
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
ENTITY MORE THAN 35% OWNED	BY JEAN TAYLOR'S FA	THER			
(D) DESCRIPTION OF TRANSACT	TION: MPR PAID FOR M	ARKETING AN	D DIGITAL		
SERVICES FROM STAR TRIBUNE	•				
-					
-					
-					
<u>y</u>					

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MINNESOTA PUBLIC RADIO

AMERICAN PUBLIC MEDIA

Employer identification number 41-0953924

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 96 495,183. FMV			
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 96 495,183. FMV			
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 96 495,183. FMV			
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 96 495,183.FMV			
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 96 495,183.FMV			
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 96 495,183. FMV			
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 96 495,183. FMV			
8 Intellectual property 9 Securities - Publicly traded X 96 495,183. FMV			
9 Securities - Publicly traded X 96 495, 183. 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		0	
for which the organization completed Form 8283, Part V, Donee Acknowledgement		0	
	_ Y	es	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 3 years from the date of the initial contribution, and which isn't required to be used for			Х
	30a		
b If "Yes," describe the arrangement in Part II.	24	x	
	31 .	^	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	222 .	x	
contributions?  b If "Yes," describe in Part II.	32a -		DI.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		1 0	
describe in Part II.			

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 AMERICAN PUBLIC MEDIA	41-0953924 Page 2
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 combit this part for any additional information.	nation of both. Also complete
3	
SCHEDULE M, PART I, COLUMN (B):	
THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTION	ONS.
SCHEDULE M, LINE 32B:	
bonabona ny arma onbi	
MPR CONTRACTS WITH A THIRD PARTY TO ADMINISTER AND OPERATE	A VEHICLE
DONATION PROGRAM. THIS THIRD PARTY ACTS AS MPR'S AUTHORIZE	D AGENT TO
DEDUCATION GERMANIA DELATION DE SUE GOLIGIA DE DESCRIPTOR DE CONTROL DE CONTR	
PERFORM SERVICES RELATED TO THE SOLICITATION, DISPOSITION A	AND REPORTING
OF DONATED VEHICLES.	
<del></del>	
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	<u>.</u>
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Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Servi

### 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA

Employer identification number 41-0953924

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MINNESOTA PUBLIC RADIO CONTINUED TO DELIVER PERTINENT NEWS AND ARTS PROGRAMMING TO AUDIENCES STATEWIDE, NATIONALLY, AND INTERNATIONALLY. MPR CONTINUES TO DELIVER IMPORTANT PUBLIC AFFAIRS PROGRAMMING STATEWIDE. MPR NEWS WAS A RELIABLE SOURCE OF INFORMATION DURING THE FY23 MIDTERM ELECTIONS, PROVIDING COVERAGE OF THE ISSUES THAT MATTER MOST TO AUDIENCES. MPR NEWS WON 6 FIRST PLACE AWARDS AND 6 AWARDS OF MERIT FROM THE MIDWEST BROADCAST JOURNALIST ASSOCIATION, 5 FIRST PLACE AWARDS FROM THE MINNESOTA CHAPTER OF THE SOCIETY OF PROFESSIONAL AND 2 FIRST PLACE AWARDS FROM THE PUBLIC MEDIA JOURNALISTS JOURNALISTS, ASSOCIATION. MPR NEWS WITH ANGELA DAVIS WON A GRACIE ALLEN AWARD.

THE CURRENT CONTINUES TO PROVIDE A WAY FOR LISTENERS TO CONNECT THROUGH A SHARED PASSION OF NEW MUSIC DISCOVERY. THE CURRENT CONTINUES TO PLATFORM KNOWLEDGEABLE AND ENGAGING VOICES TO SHAPE THE MUSICAL TASTES OF THE REGION AND BEYOND. THE CURRENT WON 3 FIRST PLACE AWARDS FROM THE MINNESOTA CHAPTER OF THE SOCIETY OF PROFESSIONAL JOURNALISTS. CARBON SOUND, A MUSIC STREAM, WEBSITE, AND APP DEDICATED TO HONORING AND CELEBRATING BLACK MUSICAL EXPRESSION ACROSS ALL GENRES AND CREATING COMMUNITY THROUGH MUSIC, RECEIVED AN AWARD AT THE WEBBYS 2ND ANNUAL ANTHEM AWARDS RECEPTION IN NEW YEW YORK CITY IN FEBRUARY 2023. CARBON SOUND IS FUNDED BY THE CORPORATION FOR PUBLIC BROADCASTING WITH SUPPORT FROM THE MINNESOTA ARTS AND CULTURAL FUND.

YOURCLASSICAL MPR CONTINUES TO PROVIDE UNIQUE PROGRAMS AND RELEVANT

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number 41-0953924
	<u> </u>
A COMPLETE LIST OF STATIONS, PROGRAMS AND ADDITIONAL SERVI	CES CAN BE
FOUND AT WWW.MPR.ORG AND AT WWW.AMERICANPUBLICMEDIA.ORG	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE IS COMPOSED OF AT LEAST THREE TRUS	TEES DESIGNATED
BY THE BOARD OF TRUSTEES. THE COMMITTEE HAS THE AUTHORITY	OF THE BOARD OF
TRUSTEES IN THE MANAGEMENT OF THE BUSINESS OF THIS CORPORA	TION IN THE
INTERVAL BETWEEN MEETINGS OF THE BOARD OF TRUSTEES.	
DETRIENT INDESTRICT OF THE BOLLES OF TROOTERS	
DODY AGA DADE UT GEGETON A LINE 3	
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 ME	DIA GROUP IS A
NOT-FOR-PROFIT PARENT SUPPORT ORGANIZATION WHOSE PRIMARY P	URPOSE IS TO
PROVIDE FINANCIAL AND MANAGEMENT SUPPORT SERVICES TO ITS A	FFILIATES.
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). A	PMG HAS THE
ABILITY TO APPROVE THE ELECTION OF TRUSTEES BY THE MPR BOA	
FORM 990, PART VI, SECTION A, LINE 7B:	
MINNESOTA PUBLIC RADIO (MPR) IS CONTROLLED BY ITS NOT-FOR-	DDORTH DADRWH
SUPPORT ORGANIZATION AMERICAN PUBLIC MEDIA GROUP (APMG). T	
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	

232212 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number 41-0953924
4) SALE, LEASE, ENCUMBRANCE OR OTHER DISPOSITION OF ALL OR	
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 E	MPLOYEES ANNUALLY
FOR POTENTIAL CONFLICTS OF INTEREST. THE SURVEYS ARE ANALY	ZED AND INFORM
TRANSACTIONS AND VOTING IN ORDER TO IDENTIFY 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, OFFIC	ER OR LEGAL
REPRESENTATIVE OR HAS A MATERIAL FINANCIAL INTEREST. TRANS	ACTIONS MAY BE
AUTHORIZED IF THE MATERIAL FACTS AS TO THE CONTRACT OR TRA	NSACTION 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 V	OTE OF A MAJORITY
OF THE TRUSTEES (WITHOUT COUNTING THE INTERESTED TRUSTEE),	AT A MEETING AT
WHICH THERE IS A QUORUM WITHOUT COUNTING THE INTERESTED TR	USTEE.

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization MINNESOTA PUBLIC RADIO	Employer identification number
AMERICAN PUBLIC MEDIA	41-0953924
HAVE THE DOCUMENTS RECEIVED VIA E-MAIL OR THE POST; OR IN	PERSON AT ITS
OFFICES AT 480 CEDAR ST. ST PAUL, MN 55101.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL 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 C	OPYING AND
MAILING COSTS ASSOCIATED WITH A REQUEST. DOCUMENTS ARE AVA	ILABLE 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	3,468,056.
-	

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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. MINNESOTA PUBLIC RADIO

Open to Public Inspection 2022

OMB No. 1545-0047

Employer identification number 41-0953924

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

99,937. MINNESOTA PUBLIC RADIO Direct controlling entity End-of-year assets (e) 16, Total income ਉ Legal domicile (state or foreign country) DELAWARE SOLICIT CONTRIBUTIONS Primary activity 47-2607447, 480 CEDAR STREET, ST. PAUL, MN Name, address, and EIN (if applicable) AMERICAN PUBLIC MEDIA FOUNDATION of disregarded entity 55101

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. Part II

(a)	(4)	(3)	5	3	(3)	1
Name, address, and EIN	Primary activity	Legal domicile (state or	e	Public charity	Direc	Section 512(b)(13) controlled
טו זכומופט טואפווובפווטוו		foreign country)	section	status (if section 501(c)(3))	entity	entity?
AMERICAN PUBLIC MEDIA GROUP - 36-3503764						+
480 CEDAR STREET	PROVIDE SUPPORT TO EXEMPT					
ST. PAUL, MN 55101	SUBSIDIARIES	MINNESOTA	501(C)(3)	LINE 12B, II N/A	N/A	×
SOUTHERN CALIFORNIA PUBLIC RADIO -						
95-4765734, 474 SOUTH RAYMOND AVENUE,	NONCOMMERCIAL PUBLIC RADIO				AMERICAN PUBLIC	
PASADENA, CA 91105	BROADCASTING	CALIFORNIA	501(C)(3)	LINE 7	MEDIA GROUP	×
	1 0					

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

Schedule R (Form 990) 2022

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MINNESOTA PUBLIC RADIO

Schedule R (Form 990) 2022 AMERICAN PUBLIC MEDIA

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Page 2

41-0953924

(a)	(q)	(c)	(p)	(e)	<b>(£)</b>	(6)	(h)	(0)	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 510-514)	Share of total income	Share of end-of-year assets	onate IS?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership partner?
		G and					2	(000)	200	
										Ī
	•									
	-									
Identification of Related Organizations Taxable as a Cornoration or Trust. Complete if the organization answered "Yes" on Form 990 Part IV line 34 herause it had one or more related	nanizations Taxable	S a Corno	ration or Trust	mplete if the organizati	on answered "Yes	" on Form 990 B	art IV line 34	hecause it had	ne or mo	related

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(p)	(၁)	9	(e)	£	(b)	Ē	<b>E</b>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
CLEARSPRING ENTERPRISES INC 41-1584257								ON SEC
480 CEDAR STREET	1							
ST. PAUL, MN 55101	CONTENT ACQUISITION	MN	N/A	C CORP	N/A	N/A	N/A	×
CLEARSPRING HOLDINGS, INC 41-1904483								
480 CEDAR STREET								
ST. PAUL, MN 55101	MANAGEMENT SERVICES	WIN	N/A	C CORP	N/A	N/A	N/A	×
CLEARSPRING STUDIOS INC - 87-3087472								
480 CEDAR STREET								
ST. PAUL, MN 55101	CONTENT SERVICES	MN	N/A	C CORP	N/A	N/A	N/A	×

Schedule R (Form 990) 2022

MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA Schedule R (Form 990) 2022

Page 3 41-0953924

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	S.
During the tax year, did the organization engage in any of the follow	s with one or more re	lated organizations listed i		×	
<ul> <li>a neceipt of (I) interest, (II) affinition to related organization(s)</li> <li>b Giff grant or capital contribution to related organization(s)</li> </ul>			12	×	4
Gift, grant, or capital contribution from related organization(s)			0 7	+	1
		***************************************		+	
			10	+	4
e Loans or Ioan guarantees by related organization(s)	***************************************		19	×	1
f Dividends from related organization(s)			#		×
q Sale of assets to related organization(s)			o).		×
			T		>
			<u> </u>		4 >
i exchange of assets with related organization(s)				+	4
j Lease of facilities, equipment, or other assets to related organization(s)		***************************************	1	×	
k Lease of facilities, equipment, or other assets from related organization(s)			÷	×	
			41	╀	Ĭ
I PETIOTITIATICE OF SERVICES OF INETTIDEFSTIP OF IUTIDITISTING SOFICITATIONS FOF FEIGUE OF CANADATICS (S)	nization(s)		1	+	1
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		<u></u>	4	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)		4	×	
o Sharing of paid employees with related organization(s)			01	×	
p Reimbursement paid to related organization(s) for expenses			0	×	
Reimbursement haid by related organization(s) for expenses			-	-	ĺ
הימוויסם ספווסור לישום כל יפומיס פושמו ובמנוסון כן זכן כאלים וספים		***************************************	7	-	
					×
Other transfer of cash or property from related organization(s)			•		×
٠l.	14 - 4-1	de Dec Leafurding	***************************************		4
z 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.	no must complete th	ils line, including covered r	relationships and transaction thresholds.		
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	T	
(1)					
V					
(2)					Ĭ
(3)					
					Í
(4)					1
(9)					
35					l
(6)					
232163 09-14-22	(		Schedule R (Form 990) 2022	orm 990) 2	2022

Schedule R (Form 990) 2022 AMERICAN PUBLIC MEDIA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

Page 4

41-0953924

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	tructions regarding exclus	sion for certain inve	stment partnerships.		3	1	1	:	
(a) Name, address, and EIN	Primary activity	micile	Predominant income partners sec.	(I)	(9) Share of	Dispropor-	Code V-UBI	U) Seneral or F	(K) Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514) Yes No	total income	end-of-year assets	allocations?	allocations? amount in box 20 managing ownership of Schedule K-1 ves No (Form 1065) ves No	partner?	ownership
								F	
54									
,,									
									ol.
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2									

Schedule R (Form 990) 2022

		MINNESOTA PUBLIC RADIO	41 0053034	nest controller
Schedule R	(Form 990) 2022 Supplemental Infor	AMERICAN PUBLIC MEDIA	41-0953924	Page 5
rait vii				
	Provide additional informa	ation for responses to questions on Schedule R. See instructions.		
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