

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 480 CEDAR STREET City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55101 <b>F</b> Name and address of principal officer: MORRIS GOODWIN, JR. SAME AS C ABOVE	<b>D</b> Employer identification number 41-0953924 <b>E</b> Telephone number (651) 290-1446 <b>G</b> Gross receipts \$ 106,005,216. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.MPR.ORG/WWW.AMERICANPUBLICMEDIA.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1967
		<b>M</b> State of legal domicile: MN

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>NONCOMMERCIAL EDUCATIONAL PUBLIC RADIO BROADCASTING.</u>			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		36
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		35
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>		712
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		273
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		3,386,930.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>		0.
Revenue		<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	84,882,650.	76,890,625.	
	<b>9</b> Program service revenue (Part VIII, line 2g)	24,759,511.	23,967,049.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,515,099.	1,643,176.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	947,818.	1,235,216.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,105,078.	103,736,066.	
Expenses				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,443,934.	1,410,501.	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	60,391,675.	63,943,399.	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	419,664.	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,666,453.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52,168,994.	51,668,479.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	114,004,603.	117,442,043.	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,899,525.	-13,705,977.	
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	164,011,033.	186,307,510.	
	<b>21</b> Total liabilities (Part X, line 26)	51,245,817.	75,033,335.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	112,765,216.	111,274,175.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MORRIS GOODWIN, JR., SENIOR VP & CFO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SARAH REICHLING Preparer's signature SARAH REICHLING Date 02/22/21 Check if self-employed <input type="checkbox"/> PTIN P01587996 Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Firm's address ▶ 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 Phone no. 612-376-4500	

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 91,589,092. including grants of \$ 1,410,501. ) (Revenue \$ 20,578,017. ) SEE SCHEDULE O.

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

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

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

4e Total program service expenses 91,589,092.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding IRS filings and tax compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included on line 1a, above, who are independent (35); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. (X); 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JON MCTAGGART PRESIDENT & CEO, APMG	33.00 15.00			X			0.	676,138.	45,330.	
(2) KAI RYSSDAL HOST	40.00 0.00					X	525,028.	0.	47,847.	
(3) DAVID KANSAS EVP & PRESIDENT, APM	33.00 15.00			X			0.	522,953.	49,726.	
(4) DAVID BRANCACCIO HOST	40.00 0.00					X	447,560.	0.	26,978.	
(5) TIMOTHY ROESLER CHIEF BUS DEV OFFICER	48.00 0.00			X			393,342.	0.	46,663.	
(6) MICHAEL LEWIS SVP & GENERAL COUNSEL OFFICER, APMG	32.00 16.00			X			0.	358,153.	31,469.	
(7) RANDI YODER SVP DEVELOPMENT	48.00 0.00			X			353,715.	0.	32,128.	
(8) MORRIS GOODWIN, JR. SVP & CFO, APMG	32.00 16.00			X			0.	365,299.	18,805.	
(9) DEBORAH CLARK SVP & GEN MANAGER, MKTPL, FORMER	40.00 0.00			X			330,707.	0.	49,778.	
(10) TIMOTHY KRESSE NATIONAL ACCOUNT EXECUTIVE	40.00 0.00					X	314,858.	0.	42,613.	
(11) MICHAEL RESZLER SVP & CHIEF STRATEGIC OFFICER	48.00 0.00			X			312,407.	0.	32,856.	
(12) NICHOLAS KEREAKOS SVP - CHIEF TECH OFFICER	47.00 1.00			X			314,774.	0.	21,914.	
(13) LISA BITTMAN DIRECTOR, APM NATIONAL SALES	40.00 0.00					X	278,921.	0.	39,477.	
(14) MOLLY WOOD HOST	40.00 0.00					X	283,952.	0.	31,573.	
(15) CARMEN JOHNSON SVP & CHIEF MARKETING OFFICER	40.00 8.00			X			277,159.	0.	34,333.	
(16) NANCY ISON MANAGING DIRECTOR NEWS-MARKETPLACE	40.00 0.00				X		259,341.	0.	18,431.	
(17) DOUGLAS RODERICK VP & CORPORATE CONTROLLER, APMG	33.00 15.00			X			0.	225,231.	41,943.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK CROWLEY CHIEF OPERATING OFFICER, MARKETPLACE	40.00 0.00				X			226,256.	0.	40,028.
(19) CHRISTINE PHELPS SVP & CHIEF HR OFFICER, APMG	33.00 15.00			X				0.	230,714.	16,658.
(20) CHANDRA KAVATI VP - DISTRIBUTING & UNDERWRITING	48.00 0.00			X				195,869.	0.	45,784.
(21) LILIANA (LILY) KIM VP, APM STUDIOS	40.00 0.00			X				101,860.	0.	1,610.
(22) DUCHESNE DREW PRESIDENT, MPR	40.00 0.00			X				0.	0.	0.
(23) MARY BRAINERD TRUSTEE/ CHAIR	1.00 1.00	X		X				0.	0.	0.
(24) JIM DWYER TRUSTEE/VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(25) LARRY BERGER TRUSTEE/TREASURER	1.00 1.00	X		X				0.	0.	0.
(26) SIMA GRIFFITH TRUSTEE\SECRETARY	1.00 1.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								4,615,749.	2,378,488.	715,944.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,615,749.	2,378,488.	715,944.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
STREAMGUYS INC. PO BOX 828, ARCATA, CA 95518	WEB SERVICES	552,319.
JACKSON RIVER, LLC, 2535 13TH STREET NW, #005, WASHINGTON, DC 20009	CRM CONSULTING	472,906.
DALET DIGITAL MEDIA SYSTEMS 88 PINE ST. 8TH FLOOR, NEW YORK, NY 10005	BROADCAST SYSTEM & SUPPORT	431,312.
FREDRIKSON & BYRON, P. A., 200 S SIXTH ST, SUITE 4000, MINNEAPOLIS, MN 55402	LEGAL SERVICES	326,441.
SALESFORCE.COM, INC., THE LANDMARK @ ONE MARKET, SAN FRANCISCO, CA 90070	IT AND CRM SERVICES	280,050.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **21**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VIVEK AGRAWAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) WENDY BENNETT TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) JOANNE VON BLON TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) JULIE CAUSEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) IVAN FONG TRUSTEE	1.00 1.00	X						0.	0.	0.
(32) IAN R. FRIENDLY TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) SID GHANDI TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) SHAWNTERA HARDY TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) KANDACE HECK TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) ELIZABETH HLAVKA TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) RANDALL J. HOGAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) DR. KENNETH HOLMEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) OMAR ISHRAK TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) RICK KING TRUSTEE	1.00 1.00	X						0.	0.	0.
(41) SUSAN BOREN KING TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) EMERY KOENIG TRUSTEE	1.00 1.00	X						0.	0.	0.
(43) KARIN L. LARSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) JONATHAN LOW TRUSTEE	1.00 1.00	X						0.	0.	0.
(45) NANCY LYONS TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) KATE MORTENSON TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	28,628,375.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	8,748,435.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,538,733.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	34,975,082.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,104,588.				
	<b>h Total.</b> Add lines 1a-1f .....			76,890,625.			
Program Service Revenue	<b>2 a</b> PROGRAM DISTRIBUTION R	Business Code					
		515100	18,503,134.	18,503,134.			
	<b>b</b> ADVERTISING	541800	3,389,032.		3,389,032.		
	<b>c</b> OTHER EARNED REVENUE	515100	2,074,883.	2,074,883.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			23,967,049.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,635,661.			1,635,661.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		1,183,785.			1,183,785.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal	255,682.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>		204,251.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		51,431.			
	<b>d</b> Net rental income or (loss) .....			51,431.		-2,102.	53,533.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	2,072,414.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,056,633.	8,266.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	15,781.	-8,266.			
<b>d</b> Net gain or (loss) .....			7,515.			7,515.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			103,736,066.	20,578,017.	3,386,930.	2,880,494.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,410,501.	1,410,501.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,463,590.	695,746.	613,019.	1,154,825.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	50,200,140.	42,008,518.	1,200,488.	6,991,134.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,631,710.	2,199,334.	69,658.	362,718.
<b>9</b> Other employee benefits .....	4,892,943.	3,760,024.	491,003.	641,916.
<b>10</b> Payroll taxes .....	3,755,016.	3,112,998.	118,725.	523,293.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	271,121.	31,663.	239,458.	
<b>c</b> Accounting .....	499,005.	14,403.	484,602.	
<b>d</b> Lobbying .....	143,221.		143,221.	
<b>e</b> Professional fundraising services. See Part IV, line 17	419,664.			419,664.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,912,106.		5,912,106.	
<b>12</b> Advertising and promotion .....	7,238,575.	6,214,063.	82,804.	941,708.
<b>13</b> Office expenses .....	1,530,810.	849,358.	261,751.	419,701.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	8,463,970.	7,876,293.	119,261.	468,416.
<b>17</b> Travel .....	778,807.	568,536.	48,198.	162,073.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	153,862.	124,341.	9,335.	20,186.
<b>20</b> Interest .....	491,965.	270,148.	44,433.	177,384.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	3,973,822.	3,493,309.	84,796.	395,717.
<b>23</b> Insurance .....	493,600.	6,914.	480,947.	5,739.
<b>24</b> 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.)				
<b>a</b> PROGRAMMING/PRODUCTION	15,753,616.	15,005,823.	284,329.	463,464.
<b>b</b> FINANCE/ADMINISTRATION	4,657,925.	3,909,528.	659,887.	88,510.
<b>c</b> BANK & CREDIT CARD FEES	898,978.	1,616.	45,134.	852,228.
<b>d</b> PRINTING	630,183.	35,976.	16,430.	577,777.
<b>e</b> All other expenses	-223,087.		-223,087.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	117,442,043.	91,589,092.	11,186,498.	14,666,453.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,824,109.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	11,856,247.	<b>3</b>	7,310,675.
	<b>4</b> Accounts receivable, net .....	8,430,083.	<b>4</b>	7,269,022.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	14,927,069.	<b>7</b>	13,769,868.
	<b>8</b> Inventories for sale or use .....	48,030.	<b>8</b>	60,186.
	<b>9</b> Prepaid expenses and deferred charges .....	1,205,648.	<b>9</b>	1,265,939.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 117,432,949.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 45,363,781.	38,008,392.	<b>10c</b> 72,069,168.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	67,980,898.	<b>12</b>	65,467,926.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	18,695,920.	<b>14</b>	18,695,920.
	<b>15</b> Other assets. See Part IV, line 11 .....	34,637.	<b>15</b>	398,806.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	164,011,033.	<b>16</b>	186,307,510.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	10,421,503.	<b>17</b>	12,033,157.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	26,489,963.	<b>19</b>	14,507,506.
	<b>20</b> Tax-exempt bond liabilities .....	14,143,794.	<b>20</b>	12,035,768.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	190,557.	<b>25</b>	36,456,904.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	51,245,817.	<b>26</b>	75,033,335.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	63,346,770.	<b>27</b>	66,559,701.
	<b>28</b> Net assets with donor restrictions .....	49,418,446.	<b>28</b>	44,714,474.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	112,765,216.	<b>32</b>	111,274,175.
<b>33</b> Total liabilities and net assets/fund balances .....	164,011,033.	<b>33</b>	186,307,510.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	103,736,066.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	117,442,043.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-13,705,977.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	112,765,216.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-36,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	10,985,936.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,265,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	111,274,175.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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 Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	67,479,345.	85,659,496.	72,079,598.	84,825,200.	77,825,702.	387,869,341.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	67,479,345.	85,659,496.	72,079,598.	84,825,200.	77,825,702.	387,869,341.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						387,869,341.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	67,479,345.	85,659,496.	72,079,598.	84,825,200.	77,825,702.	387,869,341.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,229,205.	4,816,639.	2,605,569.	2,880,248.	3,045,665.	15,577,326.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	66,356.	1,947,905.	2,715,786.	3,635,359.	3,386,930.	11,752,336.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						415,199,003.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	118,909,251.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	93.42 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	94.18 %

**16a 33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

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



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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

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

Multiple horizontal lines for supplemental information.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2019

Name of the organization MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number 41-0953924
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Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 4,553,841.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 8,748,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization	MINNESOTA PUBLIC RADIO <sup>1</sup>	Employer identification number
	AMERICAN PUBLIC MEDIA	41-0953924

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ 0.
- 3 Volunteer hours for political campaign activities ..... 0.

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2019**

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		143,221.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		143,221.													
<b>d</b> Other exempt purpose expenditures		103,943,437.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		104,086,658.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	202,689.	168,317.	125,945.	143,221.	640,172.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,221.	1,000,221.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,332.
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, AFFILIATED GROUP RETURN STATEMENT:

MINNESOTA PUBLIC RADIO INCURRED LOBBYING EXPENSES OF \$143,221 FOR THE

FISCAL YEAR 2020 (TAX YEAR 2019) TO ADDRESS REGIONAL AND NATIONAL

ISSUES AFFECTING THE ORGANIZATION AND PUBLIC BROADCASTING. THE

ORGANIZATION PROMOTED LEGISLATION AFFECTING FUNDING FOR PUBLIC

BROADCASTING, BOTH AT THE STATE LEVEL AND AT THE NATIONAL LEVEL.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 14.67%
b Permanent endowment 40.73%
c Term endowment 44.60%

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 3 columns: Question, Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) RESTRICTED INVESTMENTS	6,001,750.	END-OF-YEAR MARKET VALUE
(B) RESTRICTED INVESTMENTS HELD BY		
(C) ENDOWMENT FUNDS	32,959,897.	END-OF-YEAR MARKET VALUE
(D) RESTRICTED INVESTMENTS IN INVESTMENT		
(E) POOL	26,506,279.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	65,467,926.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LONG TERM OBLIGATIONS	334,614.
(3) LONG TERM LEASE LIABILITIES	36,105,185.
(4) REFUNDABLE ADVANCE	17,105.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,456,904.

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



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART V, LINE 4:

MPR'S ENDOWMENT FUNDS PROVIDE A LONG TERM FUNDING SOURCE THAT SUPPORTS

MPR'S PROGRAMS INCLUDING: NEWS AND INFORMATION, ALTERNATIVE MUSIC,

CLASSICAL MUSIC, AND NATIONAL PROGRAMS.

PART X, LINE 2:

MPR IS ORGANIZED UNDER CHAPTER 317 OF MINNESOTA STATUTES AS NONPROFIT

ORGANIZATIONS. THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED THAT MPR

IS A TAXEXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (THE CODE) AND IS NOT A PRIVATE FOUNDATION, AS IT QUALIFIES

UNDER SECTION 509(A)(1) AS AN ORGANIZATION DEFINED UNDER SECTION

170(B)(1)(A)(VI) OF THE CODE. THE MINNESOTA DEPARTMENT OF REVENUE HAS

**Part XIII** Supplemental Information (continued)

DETERMINED THAT MPR IS EXEMPT FROM MINNESOTA INCOME TAXES UNDER SECTION

290.05 SUBDIVISION 9 OF MINNESOTA STATUTES.

THE ORGANIZATION IS ENGAGED IN CERTAIN ACTIVITIES THAT RESULT IN UNRELATED

BUSINESS INCOME. FOR THE YEAR ENDED JUNE 30, 2020, MPR RECORDED AN

ESTIMATED TAX BENEFIT THAT AMOUNTED TO \$223,087.

THE ORGANIZATION HAS ADOPTED CERTAIN PROVISIONS OF ASC TOPIC 740, INCOME

TAXES. THE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBE A

RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT

RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO

BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS REVIEWED ITS TAX POSITIONS

FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization  
MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA

Employer identification number

41-0953924

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	NEWS GATHERING	219,603.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	1	PROGRAM SERVICES	NEWS GATHERING	73,240.
<b>3 a</b> Subtotal .....	2	3			292,843.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	2	3			292,843.

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

Schedule F (Form 990) 2019





**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 3:

THE FINANCIAL STATEMENTS OF MINNESOTA PUBLIC RADIO ARE PREPARED ON THE

ACCRUAL BASIS OF ACCOUNTING. ALL AMOUNTS LISTED IN PART I, LINE 3, COLUMN

(F) WERE FOR EXPENDITURES ASSOCIATED WITH THIS REGION.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: LKA FUNDRAISING AND COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER:

4800 S MACADAM AVE, SUITE 240, PORTLAND, OR 97239

(I) NAME OF FUNDRAISER: ACD DIRECT INC

(I) ADDRESS OF FUNDRAISER:

1353 NORTH 1075 WEST SUITE 6, FARMINGTON, UT 84025

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: QCSS INC (DBA ARIA COMMUNICATIONS)

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

PART I, LINE 2B, COLUMN (V):

THESE ORGANIZATIONS RAISE FUNDS THROUGH MAIL AND PHONE SOLICITATIONS.

THEY DON'T SOLICITED GRANTS (NON-GOVERNMENT OR GOVERNMENT) OR PARTICIPATE

IN SPECIAL FUNDRAISING EVENTS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN PUBLIC MEDIA GROUP 480 CEDAR STREET ST. PAUL, MN 55101	36-3503764	501(C)(3)	1,410,501.	0.	N/A	N/A	TO SUPPORT PROGRAM SERVICES

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

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

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

Schedule I (Form 990) (2019)

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

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

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

PART I, LINE 2:

FINANCIAL REPORTS ARE REVIEWED BY MINNESOTA PUBLIC RADIO ON A PERIODIC

BASIS TO ENSURE USE OF THE FUNDS ARE IN LINE WITH THE GRANT PURPOSE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JON MCTAGGART PRESIDENT & CEO, APMG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	476,022.	161,877.	38,239.	18,200.	27,130.	721,468.
(2) KAI RYSSDAL HOST	(i)	421,806.	100,000.	3,222.	18,200.	29,647.	572,875.
	(ii)	0.	0.	0.	0.	0.	0.
(3) DAVID KANSAS EVP & PRESIDENT, APM	(i)	0.	0.	0.	0.	0.	0.
	(ii)	401,389.	119,398.	2,166.	18,200.	31,526.	572,679.
(4) DAVID BRANCACCIO HOST	(i)	383,054.	60,000.	4,506.	18,200.	8,778.	474,538.
	(ii)	0.	0.	0.	0.	0.	0.
(5) TIMOTHY ROESLER CHIEF BUS DEV OFFICER	(i)	287,425.	101,331.	4,586.	18,200.	28,463.	440,005.
	(ii)	0.	0.	0.	0.	0.	0.
(6) MICHAEL LEWIS SVP & GENERAL COUNSEL OFFICER, APMG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	285,377.	70,585.	2,191.	16,800.	14,669.	389,622.
(7) RANDI YODER SVP DEVELOPMENT	(i)	278,979.	69,428.	5,308.	18,200.	13,928.	385,843.
	(ii)	0.	0.	0.	0.	0.	0.
(8) MORRIS GOODWIN, JR. SVP & CFO, APMG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	290,962.	70,009.	4,328.	0.	18,805.	384,104.
(9) DEBORAH CLARK SVP & GEN MANAGER, MKTPL, FORMER	(i)	263,738.	64,803.	2,166.	18,200.	31,578.	380,485.
	(ii)	0.	0.	0.	0.	0.	0.
(10) TIMOTHY KRESSE NATIONAL ACCOUNT EXECUTIVE	(i)	42,852.	0.	272,006.	18,200.	24,413.	357,471.
	(ii)	0.	0.	0.	0.	0.	0.
(11) MICHAEL RESZLER SVP & CHIEF STRATEGIC OFFICER	(i)	259,850.	50,642.	1,915.	18,200.	14,656.	345,263.
	(ii)	0.	0.	0.	0.	0.	0.
(12) NICHOLAS KEREAKOS SVP - CHIEF TECH OFFICER	(i)	262,554.	50,400.	1,820.	18,200.	3,714.	336,688.
	(ii)	0.	0.	0.	0.	0.	0.
(13) LISA BITTMAN DIRECTOR, APM NATIONAL SALES	(i)	94,109.	26,000.	158,812.	16,923.	22,554.	318,398.
	(ii)	0.	0.	0.	0.	0.	0.
(14) MOLLY WOOD HOST	(i)	280,621.	0.	3,331.	18,200.	13,373.	315,525.
	(ii)	0.	0.	0.	0.	0.	0.
(15) CARMEN JOHNSON SVP & CHIEF MARKETING OFFICER	(i)	221,157.	54,452.	1,550.	18,200.	16,133.	311,492.
	(ii)	0.	0.	0.	0.	0.	0.
(16) NANCY ISON MANAGING DIRECTOR NEWS-MARKETPLACE	(i)	212,405.	40,345.	6,591.	16,489.	1,942.	277,772.
	(ii)	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) DOUGLAS RODERICK VP & CORPORATE CONTROLLER, APMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,864.	37,196.	3,171.	15,279.	26,664.	267,174.	0.
(18) MARK CROWLEY CHIEF OPERATING OFFICER, MARKETPLACE	(i)	223,516.	0.	2,740.	15,066.	24,962.	266,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) CHRISTINE PHELPS SVP & CHIEF HR OFFICER, APMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	200,401.	28,598.	1,715.	4,472.	12,186.	247,372.	0.
(20) CHANDRA KAVATI VP - DISTRIBUTING & UNDERWRITING	(i)	173,273.	20,875.	1,721.	13,557.	32,227.	241,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

PART I, LINE 1A:

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

THE ORGANIZATION'S POLICY IS EMPLOYEES MAY FLY BUSINESS(FIRST) CLASS ON INTERNATIONAL LONG-HAUL FLIGHTS EXCEEDING SIX HOURS IN THE AIR. FIRST CLASS TRAVEL ARE NOT INCLUDED IN TAXABLE INCOME.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b> Amount of bonds retired .....	7,560,000.		4,795,000.							
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	15,510,000.		9,413,881.							
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	180,000.		168,881.							
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....										
<b>11</b> Other spent proceeds .....	15,330,000.		9,245,000.							
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2014		2011							
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> 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							
<b>15</b> 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						
<b>16</b> Has the final allocation of proceeds been made? .....	X		X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X							

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

**Part III Private Business Use**

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....	X			X				
b Exception to rebate? .....		X	X					
c No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X		X				

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X					

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

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

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

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



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CLOCKWORK ACTIVITY MEDIA S	TRUSTEE NANCY LYONS	54,000.	DIGITAL WEB		X
STATION RESOURCE GROUP	DAVID KANSAS IS CHA	81,254.	PUBLIC RADI		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CLOCKWORK ACTIVITY MEDIA SYSTEMS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE NANCY LYONS IS OWNER/PARTNER OF CLOCKWORK ACTIVITY MEDIA SYSTEMS

(D) DESCRIPTION OF TRANSACTION: DIGITAL WEB BASED DESIGN SUPPORT

(A) NAME OF PERSON: STATION RESOURCE GROUP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAVID KANSAS IS CHAIR OF THE BORAD OF STATION RESOURCE GROUP

(D) DESCRIPTION OF TRANSACTION: PUBLIC RADIO CONSULTING FOR STRATEGY AND PLANNING.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	122	1,104,588. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2019

**Part II**

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

SCHEDULE M, PART I, COLUMN (B):

THE TOTAL NUMBER OF ITEMS CONTRIBUTED IS REPORTED IN COLUMN (B).

SCHEDULE M, LINE 32B:

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



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

MINNESOTA PUBLIC RADIO CONTINUED TO DELIVER IMPORTANT NEWS, ARTS AND CULTURAL PROGRAMMING TO AUDIENCES EVERYWHERE IN THE REGION, THE U.S. AND THE WORLD. MPR NEWS PROVIDED THE ENTIRE STATE WITH THE BEST REGIONAL RADIO NEWS AVAILABLE AND CREATED MORE WAYS TO REPORT NEWS FROM ALL OF MINNESOTA, FOR ALL OF MINNESOTA. MPR NEWS HAS BEEN A RELIABLE SOURCE OF INFORMATION DURING THE COVID-19 PANDEMIC AND DELIVERS THE LIVE DAILY PRESS BRIEFINGS FROM MINNESOTA OFFICIALS TO A STATEWIDE RADIO AUDIENCE. IN 2020 MPR NEWS WON 7 AWARDS FROM THE MIDWEST BROADCAST JOURNALISTS ASSOCIATION, 19 AWARDS FROM THE TWIN CITIES SOCIETY FOR PROFESSIONAL JOURNALISTS (INCLUDING MARIANNE COMBS FOR JOURNALIST OF THE YEAR, RIHAM FESHIR FOR BEST BEAT REPORTING AND MPRNEWS.ORG FOR BEST WEBSITE). 3 REGIONAL RTDNA MURROW AWARDS AND ONE NATIONAL RTDNA MURROW AWARD (FOR CONTINUING COVERAGE OF THE TRIAL OF FORMER MINNEAPOLIS POLICE OFFICER MOHAMMED NOOR), AND THE NATIVE AMERICAN JOURNALISTS ASSOCIATION MULTIMEDIA AWARD (FOR THE DOCUMENTARY "UPROOTED: THE 1950S PLAN TO ERASE INDIAN COUNTRY").

IN ADDITION, MPR NEWS HAS PARTNERED WITH SAHAN JOURNAL TO EXPAND REGIONAL REPORTING ON IMMIGRANT COMMUNITIES. THE CURRENT ELEVATES MINNESOTA'S MUSIC SCENE BY HELPING REGIONAL ARTISTS BUILD AUDIENCES AND CONNECTING THEM TO A VIBRANT MUSIC COMMUNITY. IN 2020 THE CURRENT CELEBRATED 15 YEARS ON THE AIR, WINNING THE JBE TRIPLE-A SUMMERFEST AWARD FOR BEST NON-COMMERCIAL STATION FOR THE 12TH YEAR IN A ROW. THE CURRENT ALSO INTRODUCED THE NEW PROGRAM "DULUTH LOCAL SHOW", GIVING INCREASED VISIBILITY TO MUSICIANS WORKING IN AND AROUND THE TWIN PORTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	<b>Employer identification number</b> 41-0953924
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CLASSICAL MPR HOSTED A NUMBER OF VIRTUAL "BRING THE SING" EVENTS FOR STATEWIDE AUDIENCES DURING THE PANDEMIC, BROUGHT THE BBC PROMS AND THE FESTIVAL OF NINE LESSONS AND CAROLS TO AMERICAN AUDIENCES, WHILE THE "CLASSICAL KIDS STORYTIME" FEATURE BLENDED FAMILIAR FAIRY TALES WITH FAMOUS WORKS OF CLASSICAL MUSIC TO ENGAGE YOUNG AUDIENCES. IN 2020 "CLASSICAL KIDS STORYTIME" SHARED ITS FIRST TRADITIONAL HMONG FAIRY TALE ACCOMPANIED BY TRADITIONAL HMONG COMPOSITIONS. CLASSICAL MPR HOSTED ITS 10TH ANNUAL MINNESOTA VARSITY PROGRAM TO SHOWCASE THE BEST HIGH SCHOOL CLASSICAL MUSICIANS AND COMPOSERS.

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

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

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

MINNESOTA PUBLIC RADIO'S REGIONAL SERVICE IS INTENDED TO SERVE NEWS, INFORMATION AND CULTURAL NEEDS OF THE RESIDENTS OF MINNESOTA AND ITS BORDER COMMUNITIES. MPR OPERATES A 45-STATION RADIO NETWORK SERVING VIRTUALLY ALL OF THE STATE AND PARTS OF THE SURROUNDING STATES, REACHING 1,000,000 REGIONAL LISTENERS EACH WEEK. MPR PRODUCES PROGRAMMING FOR RADIO, INTERNET AND FACE-TO-FACE AUDIENCES, AND IS HOME TO THE LARGEST AND MOST EXPERIENCED RADIO NEWSROOM IN THE UPPER MIDWEST. PROGRAMS PRODUCED BY MPR, UNDER THE BRAND AMERICAN PUBLIC MEDIA, REACH MORE THAN 19 MILLION LISTENERS NATIONWIDE EACH WEEK.

A COMPLETE LIST OF STATIONS, PROGRAMS AND ADDITIONAL SERVICES CAN BE FOUND AT WWW.MINNESOTAPUBLICRADIO.ORG AND AT WWW.AMERICANPUBLICMEDIA.ORG

FORM 990, PART VI, SECTION A, LINE 1:  
THE EXECUTIVE COMMITTEE IS COMPOSED OF AT LEAST THREE TRUSTEES DESIGNATED BY THE BOARD OF TRUSTEES. THE COMMITTEE HAS THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE BUSINESS OF THIS CORPORATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF TRUSTEES.

Name of the organization MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number 41-0953924
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FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION RELIES ON AMERICAN PUBLIC MEDIA GROUP TO PROVIDE CERTAIN  
MANAGEMENT, FINANCIAL, AND HR SERVICES. AMERICAN PUBLIC MEDIA GROUP IS A  
NOT-FOR-PROFIT PARENT SUPPORT ORGANIZATION WHOSE PRIMARY PURPOSE IS TO  
PROVIDE FINANCIAL AND MANAGEMENT SUPPORT SERVICES TO ITS AFFILIATES.

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

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

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

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

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

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

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

Name of the organization MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA

Employer identification number  
41-0953924

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

THE ORGANIZATION SURVEYS ITS TRUSTEES, OFFICERS, AND KEY EMPLOYEES ANNUALLY FOR POTENTIAL CONFLICTS OF INTEREST. THE SURVEYS ARE ANALYZED AND INFORM TRANSACTIONS AND VOTING IN ORDER TO MAINTAIN AND DISCLOSE ACTUAL CONFLICTS OF INTEREST.

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

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

THE HUMAN RESOURCES & COMPENSATION COMMITTEE (HRCC) OF THE BOARD REVIEWS THE COMPENSATION AND BENEFITS PLANS OF THE ORGANIZATIONS OF APMG, INCLUDING MPR, ON AN ANNUAL BASIS, INCLUDING THE GROUP'S COMPENSATION PHILOSOPHY, HEALTH CARE PLAN, EXECUTIVE BENEFITS, SAVINGS AND RETIREMENT PLANS, AND OTHER BENEFITS. THE HRCC SETS THE COMPENSATION FOR THE CEO, APPROVES THE CEO'S RECOMMENDATIONS FOR COMPENSATION FOR THE DIVISION PRESIDENTS, AND REVIEWS COMPENSATION FOR OTHER OFFICERS. THE COMMITTEE UTILIZES A COMPENSATION CONSULTANT. THE ORGANIZATION SUBSCRIBES TO SEVERAL MARKET DATA SOURCES TO ENSURE MARKET COMPETITIVE PAY PRACTICES. THE HRCC ESTABLISHES AN

Name of the organization MINNESOTA PUBLIC RADIO  
AMERICAN PUBLIC MEDIA

Employer identification number  
41-0953924

ANNUAL AT-RISK COMPENSATION PLAN TO ENABLE THE PARTICIPATING ORGANIZATIONS

OF APMG, INCLUDING MPR, TO ATTRACT, RETAIN AND MOTIVATE KEY MANAGEMENT

TALENT BY PROVIDING TOTAL COMPENSATION THAT IS COMPETITIVE WITH THE MARKET

AND HAS THE FOLLOWING OBJECTIVES:

- FOCUS MANAGEMENT EFFORTS ON KEY ANNUAL FINANCIAL AND STRATEGIC RESULTS.
- ENCOURAGE TEAMWORK AND INDIVIDUAL PERFORMANCE BY PROVIDING AT-RISK

COMPENSATION RELATED TO THE ACHIEVEMENT OF COMPANY GOALS, AS WELL AS

INDIVIDUAL AND DEPARTMENTAL PERFORMANCE OBJECTIVES.

THIS PROCESS WAS LAST PERFORMED IN 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, CA, CO, CT, FL, HI, KS, KY, LA, ME, MD, MI, MN, NV, NH, NJ, NM, OH, OK, OR, PA, RI, SC, TN  
UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE; BY REQUEST TO HAVE THE

DOCUMENTS RECEIVED VIA E-MAIL OR THE POST; OR IN PERSON AT ITS OFFICES AT

480 CEDAR STREET, ST PAUL, MN 55101. A FEE MAY APPLY FOR COPYING AND

MAILING COSTS ASSOCIATED WITH A REQUEST. DOCUMENTS ARE AVAILABLE FOR THE

SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE ENDOWMENT FUND HELD BY OTHERS 1,265,000.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AMERICAN PUBLIC MEDIA FOUNDATION - 47-2607447, 480 CEDAR STREET, ST. PAUL, MN 55101	SOLICIT CONTRIBUTIONS	DELAWARE	5.	99,921.	MINNESOTA PUBLIC RADIO

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN PUBLIC MEDIA GROUP - 36-3503764 480 CEDAR STREET ST. PAUL, MN 55101	PROVIDE SUPPORT TO EXEMPT SUBSIDIARIES	MINNESOTA	501(C)(3)	LINE 12B, II	N/A		X
SOUTHERN CALIFORNIA PUBLIC RADIO - 95-4765734, 474 SOUTH RAYMOND AVENUE, PASADENA, CA 91105	NONCOMMERCIAL PUBLIC RADIO BROADCASTING	CALIFORNIA	501(C)(3)	LINE 7	AMERICAN PUBLIC MEDIA GROUP		X

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

Schedule R (Form 990) 2019





**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLEARSRING HOLDINGS, INC	N	733,487. FMV	
(2)			
(3)			
(4)			
(5)			
(6)			





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

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

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

Form header section containing organization name (MINNESOTA PUBLIC RADIO), address (480 CEDAR STREET, ST. PAUL, MN 55101), and identification numbers.

Section C: Book value of all assets at end of year (186,307,510) and Section G: Check organization type (501(c) corporation).

Section H: Enter the number of the organization's unrelated trades or businesses (2) and describe the first one (SEE STATEMENT 1).

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes)

Section J: The books are in care of (DOUG RODERICK) and Telephone number ((651) 290-1446).

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Rows list various income sources like gross receipts, cost of goods sold, and total income.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table for Part II: Deductions Not Taken Elsewhere. Columns include (A) Income, (B) Expenses, and (C) Net. Rows list various deduction categories like compensation of officers, salaries, repairs, and total deductions.

<b>Part III Total Unrelated Business Taxable Income</b>			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 4 STMT 5	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

<b>Part IV Tax Computation</b>			
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

<b>Part V Tax and Payments</b>			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	2,500.
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	2,500.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	2,500.
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	2,500.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>CHINA</b>	X	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b>		

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

<b>Print/Type preparer's name</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
<b>Paid Preparer Use Only</b>	SARAH REICHLING	SARAH REICHLING	02/22/21	P01587996
Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN
Firm's address	220 S 6TH STREET, SUITE 300			41-0746749
Firm's address	MINNEAPOLIS, MN 55402			Phone no. 612-376-4500

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

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

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

(see instructions)

1. Description of property

(1) TRANSMITTER TOWER

(2) STUDIO RENTAL

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) <b>SEE STATEMENT 6</b>
(1)	170,506.	182,731.
(2)	31,644.	21,520.
(3)		
(4)		
Total	0.	Total 202,150.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

202,150.

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B)

204,251.

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

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

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

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

**Nonexempt Controlled Organizations**

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

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

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

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
<b>Totals</b> .....	0.	0.				0.

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

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

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

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

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

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

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

Form 990-T (2019)





FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2014	
FOR TAX YEAR 2015	1,536,860
FOR TAX YEAR 2016	1,508,167
FOR TAX YEAR 2017	1,479,592
FOR TAX YEAR 2018	1,443,701

TOTAL CARRYOVER	5,968,320
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1,410,501

TOTAL CONTRIBUTIONS AVAILABLE	7,378,821
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS CONTRIBUTIONS	7,378,821
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	7,378,821

ALLOWABLE CONTRIBUTIONS DEDUCTION		0
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TOTAL CONTRIBUTION DEDUCTION		0
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FORM 990-T

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TOWER RENTAL EXPENSES		151,571.	
OVERHEAD ALLOCATION		31,160.	
- SUBTOTAL -	1		182,731.
STUDIO RENTAL EXPENSES		15,737.	
OVERHEAD ALLOCATION		5,783.	
- SUBTOTAL -	2		21,520.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			204,251.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

1

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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

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

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

Department of the Treasury  
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 900004

Describe the unrelated trade or business ▶ ADVERTISING

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> 3,389,032.	858,184.	2,530,848.
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 3,389,032.	858,184.	2,530,848.

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		2,530,848.
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		2,530,848.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		0.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

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

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

**Nonexempt Controlled Organizations**

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

Totals

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

(see instructions)

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

Totals

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income STMT 7	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5 STMT 8	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) PROGRAMMING	3,389,032.	858,184.	2,530,848.	55,268,000.	95,116,000.	2,530,848.
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		3,389,032.	858,184.			2,530,848.

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

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

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

FORM 990-T (M) SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 7  
 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT UNDERWRITING COSTS		858,184.	
- SUBTOTAL -	1		858,184.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			858,184.

FORM 990-T (M) SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED STATEMENT 8  
WITH PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EXEMPT FUNCTION EXPENSES		95,116,000.	
- SUBTOTAL -	1		95,116,000.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6			95,116,000.

**SCHEDULE O  
(Form 1120)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

Name MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Employer identification number 41-0953924
---	--

**Part I Apportionment Plan Information**

1 Type of controlled group:

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

2 This corporation has been a member of this group:

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

3 This corporation consents and represents to:

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

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

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

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

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

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

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

7  If the corporation has a short tax year that does not include December 31, check the box. See instructions.

**Part II Apportionment** (See instructions)

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	MINNESOTA PUBLIC RADIO   AMERICAN PUBLIC MEDIA	41-0953924	20-06		
2	CLEARSPRING HOLDING INC AND SUBSIDIARIES	41-1904483	20-06		
3	SOUTHERN CALIFORNIA PUBLIC RADIO	95-4765734	20-06		
4	AMERICAN PUBLIC MEDIA GROUP	36-3503764	20-06		
5					
6					
7					
8					
9					
10					
<b>Total</b>					

Schedule O (Form 1120) (Rev. 12-2018)



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Taxpayer identification number (TIN)  41-0953924
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 480 CEDAR STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. PAUL, MN 55101	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DOUG RODERICK

- The books are in the care of ▶ 480 CEDAR STREET - ST. PAUL, MN 55101  
Telephone No. ▶ (651) 290-1446 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. MINNESOTA PUBLIC RADIO AMERICAN PUBLIC MEDIA	Taxpayer identification number (TIN)  41-0953924
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 480 CEDAR STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. PAUL, MN 55101	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DOUG RODERICK

- The books are in the care of ▶ 480 CEDAR STREET - ST. PAUL, MN 55101  
Telephone No. ▶ (651) 290-1446 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	2,500.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.